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Oral Hygiene

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PRINTED IN U.S.A.

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THEN
LUBRICATE

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HANDPIECES
WITH
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Solubri Oil prevents rust, decreases wear.



THE *Cleveland* DENTAL
MANUFACTURING COMPANY
CLEVELAND, OHIO • U.S.A.

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Neat, Practical

DISPENSERS



For Pledgets...Cotton...Pellets

- Limited quantities of Dispensers still available. Handy at the chair and economical in use. Dispensers have weighted chromium plated base, transparent hycloid body, chromium plated lid. Cotton sterilized after packaging.

ABSORBENT PLEDGETS. Extra Small. Dispenser and 4 Refills, Complete, \$2.50. Additional Refills, 6 for \$1.80.

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COTTON PELLETS. Dispenser and 6 Refills, \$2.50. Additional Refills, 12 for \$1.75. Pellet Sizes (not assorted): Extra Small, No. 4; Small, No. 3.

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NEW BRUNSWICK, N. J. CHICAGO, ILL.

The Publisher's Corner

By Mass

Number 25

BEHIND THE SCENES

MAYBE YOU don't know it, but ORAL HYGIENE is edited like a national magazine. There's no waiting and hoping for gratis manuscripts to come in over the transom. Authors are encouraged to write for O.H. by liberal payment for acceptable manuscripts. Those who meet the requirements get assignments to write on specific topics.

Most articles are planned. ORAL HYGIENE's editorial content is based upon constant study of dentists' problems and interests, and a clear realization that life changes *fast* these days—including dental life.

An article on practice-management that rang the bell a year or so ago might be a dead duck now.

O. H. keeps abreast (and sometimes ahead) of dental life as it's actually being lived, by carefully planning its editorial content, and then working the plan. For example: this month (as this is written) in the November issue there's John W. Schaefer's "And the Greatest of These is Leadership." The article itself could be written in a very few hours—likely it was; it only took about four pages of type to print it.

But, working under Editor

Ryan's instructions, Author Schaefer spent much more time than the actual writing required. He "visited dental offices in professional buildings and those reached by treading creaking stairs," he says. "dentists, clean and trim and aseptic-looking; ones who exuded an air of confidence. There were others—down-at-the-heel, in offices heavy with the smell of the pharmacopoeia or a five-cent cigar."

He sat down with them; talked with them—dentists of all sorts—probed their thinking. Only then did he write his story. He didn't dream it up. It would have been a lot less work and cost much less money to set up four pages of something that could have been plucked from the air.

Similarly, recently, Marguerite McClain was commissioned by ORAL HYGIENE to dig into the problems faced by married dentists who go to war. She visited the wives of several, questioned them, got their individual stories about how they and their dentist husbands were coping with the special domestic problems thrust upon them by the War. These two typical articles illustrate the pains and time and

(Continued on page 1606)

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Number 251

Author Schaefer
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MARGIN OF SAFETY

IN A STUDY of various barbiturates, Allonal's hypnotic component, allyl-isopropyl-barbituric acid, was found to have a wide margin of therapeutic safety—twice that of barbital and nearly three times that of phenobarbital. Because of this relatively wide margin of safety—because it produces restful sleep, even in the presence of pain, Allonal deserves to be your routine sedative-hypnotic of choice.

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QUESTION

12

How important
is a
“margin of safety”
in a cement?

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	A.D.A. Spec. #8	CEMENT FLECKS
Compressive Strength 7 Days	12,000 lbs. per sq. inch	23,000 lbs. per sq. inch
Solubility and Disintegration	0.30% maximum by weight	.037% maximum by weight
Film Thickness	40 microns	13 micron
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(OXY-PHOSPHATE OF ZINC)

FLECK'S ARGENTITE used with Fleck's Cement powder in place of regular Fleck's liquid provides a sedative germicidal cement for capping pulp exposures and near exposures. Its unique, germicidal action saves teeth that could never be saved before! It deprecates red cell infection, carious recurrences and provides conditions which are favorable for the growth of secondary dentin.

FLECK'S BLENDING POWDERS provide a dependable means whereby cement may be used esthetically under porcelain and acrylic inlays, crowns, etc. The concentrated shades of pink and gray were specially developed to be blended with regular Fleck Cement so that it may be matched perfectly to live teeth or ceramic and acrylic restorations. These cement powders can be used to advantage to assure a more esthetic, live appearance to cements.



MIZZY, INC. • MANUFACTURERS

QUESTION
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RERS

Explained



Which One *for Your Patient?*

The right answer is neither. One of these sample disks of acrylic is weak and anemic. The other is far too highly colored.

Somewhere, in between, is precisely the shade of healthy oral tissue which—thanks to the Kerr Color Analyzer—you always get in Kerr Crystolex. Not in one lucky package, but in every production run.

Men like Crystolex for its abounding impression of vitality. Women enjoy the way this Crystolex color blends with their lip rouge.

For denture beauty, as well as denture stability, standardize on Crystolex!

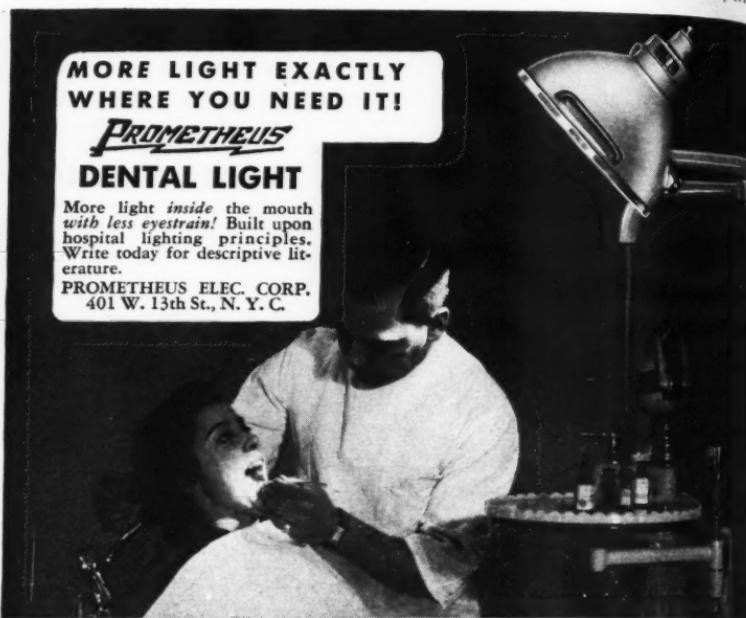
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(Continued from page 1602)

trouble and money expended by the editors in realizing clearly seen editorial objectives.

ORAL HYGIENE's fundamental editorial objective is to deal with important dental topics *not* covered by other dental journals. There are, as everyone knows, a number of excellent technical publications in the field, more than anyone can read. Yet the profession has, and has always had, numerous problems and interests beyond dentistry's technical phases. These are the topics covered by O.H.

Thus, only limited space is devoted to technical subjects. The technical facts presented would fill many more pages if the facts were

not transmitted in the special space-saving, time-saving forms originated by the editors—in departments like "Technique of the Month," and "What is Your Diagnosis?" and "Ask ORAL HYGIENE."

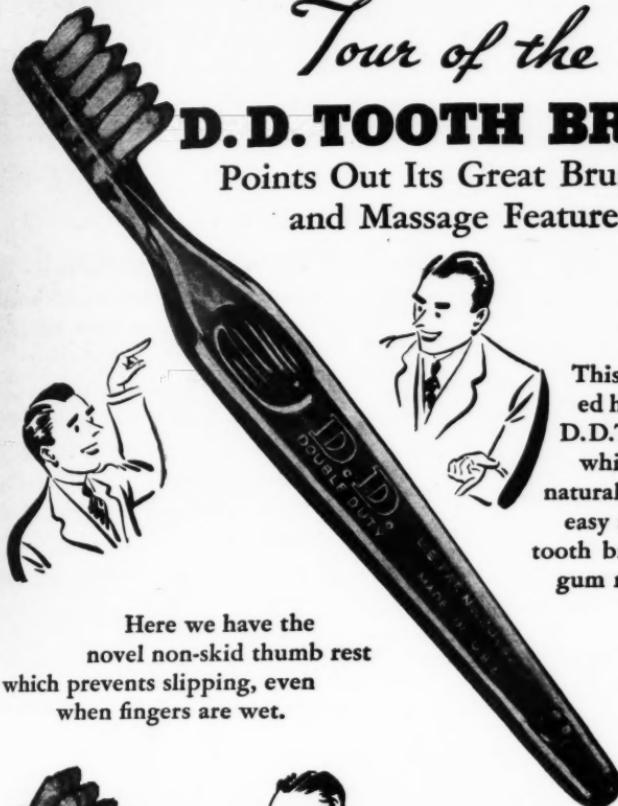
In a wartime world, civilian dentists are faced with brand-new problems remote from technique. Alert to these problems, the editors dig for the facts about them, present them graphically, succinctly.

Like everyone else, dentists are thinking not only of today, but of tomorrow — especially of dentistry's tomorrow. Alert to the importance of dentistry's future, O.H. constantly examines the trends and portents, and reports upon them.

But here's the foot of the page.

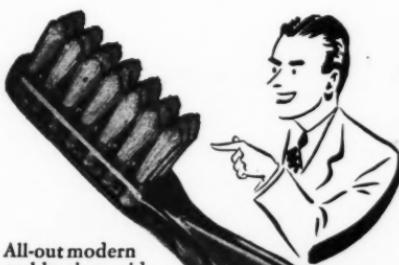
Tour of the D.D. TOOTH BRUSH

Points Out Its Great Brushing
and Massage Features



Here we have the
novel non-skid thumb rest
which prevents slipping, even
when fingers are wet.

This is the twist-
ed handle of the
D.D.Tooth Brush
which the hand
naturally grasps for
easy and efficient
tooth brushing and
gum massage.



And now, we come to the
tufts, nicely spaced to reach
every accessible tooth surface.

The bristles are highly
resilient and springy, made
for long life.

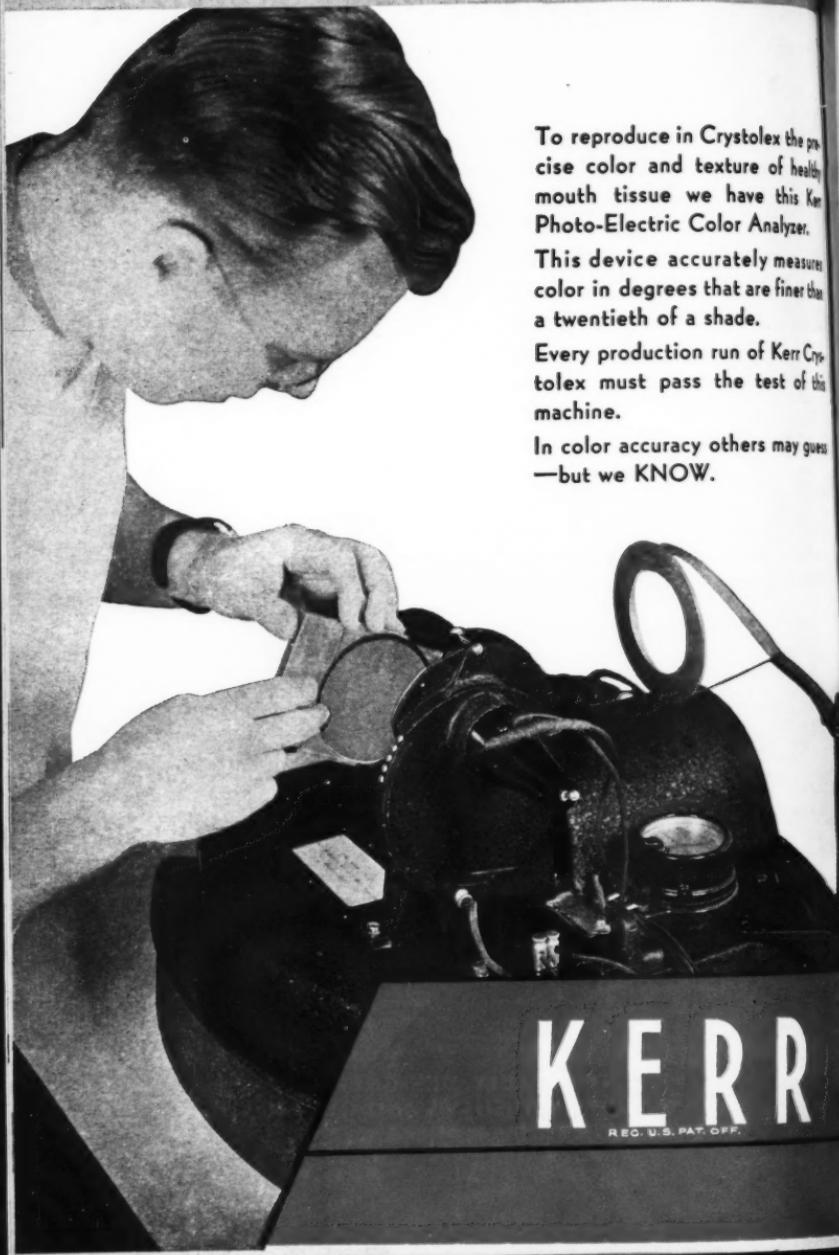
All-out modern
oral hygiene aid
for your patient is
made certain by your
recommendation of
either the regular Three
Row D.D. Tooth Brush,
or the more compact Two
Row D.D. Tooth Brush.

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New York, N.Y.
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MODERN TOOTH BRUSHING AND GUM MASSAGE

The Marvel of Crystolex Color



To reproduce in Crystolex the precise color and texture of healthy mouth tissue we have this Kerr Photo-Electric Color Analyzer.

This device accurately measures color in degrees that are finer than a twentieth of a shade.

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In color accuracy others may guess—but we KNOW.

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REG. U. S. PAT. OFF.

Answer: A margin of safety above normal standard specifications of a cement assures "extra protection" in the frequent instances where more than normal performance is required of a cementing medium.

FLECK'S Cement has a higher average "safety surplus" in all of its physical properties than any other cement! Its complete resistance to the penetration of oral fluids is due to and rated fully as high as its resistance to solubility and disintegration. Its unusually low dimensional change is equally as protective as its tremendous crushing strength—as essential as its 13 micron film thickness in a plastic, dense mix.

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FLECK'S CEMENT

(RED COPPER)★

FLECK'S RED COPPER—famous throughout the world as the standard for germicidal cement assures positive germicidal protection in posterior cements, linings underneath amalgam fillings and in children's dentistry. Its special properties made possible the protective cementing technique which is now normal procedure in routine practice. Fleck's led the field in all 21 tests of the most comprehensive research ever conducted on copper cements.

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It is bristled with Prolon, which is Pro-phy-lac-tic's name for the finest synthetic bristle made by du Pont . . . the *only* synthetic bristle that is rounded at the ends for greater gentleness to the gums.

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2-Row Professional**

TOOTH BRUSH
50¢ • At All Drug Counters

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RECO
NUTRI

By
Doris

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A low-cost source of body energy

Abundant proteins to help make up for other foods now on the scarcity list

NABISCO
SHREDDED WHEAT

U.S. NEEDS US STRONG

THE TYPE OF FOOD IS AMONG THOSE RECOMMENDED IN THE NUTRITION FOOD RULES

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You get all the plentiful energy values of pure whole wheat in Nabisco Shredded Wheat, which is also a good source of natural Vitamin B₁, per ounce *as eaten*.

These crisp, tender, appetizing biscuits are made 100% of whole wheat. In the light of the higher cost and scarcity of several foods, Nabisco Shredded Wheat and milk rounds out important dietary needs.

In recommending this ideal whole grain food, it is well to specify the full name — Nabisco Shredded Wheat, the original Niagara Falls product.



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NATIONAL BISCUIT COMPANY

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But We Need Your Help!"

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"Sure, we'll win . . . But you've got to pass the ammunition and the supplies regular . . . and on time. And you know that the supply line depends on ships . . . plenty of 'em . . . and it takes money to build ships . . . and more money for ammunition, and Garands, and machine guns. Uncle Sam needs every penny he can get. We don't need to tell you what to do with your money . . . you know that every War Bond you buy means bullets . . . bread . . . beef . . . bombers . . . for me and my buddies. We believe in America, in decency and honor and freedom. Don't let us down. Dig deeper . . . a lot deeper . . . and invest a few more dollars in bonds. We'll do our job all right, but give us a lift."

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to do its share.*

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GENTLY MOVES WASTE from INTESTINES.



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DENTAL USES OF SAL HEPATICA

Make Sal Hepatica's *liquid bulk* your helpful assistant whenever you require a good eliminant that is also easy and pleasant to take, in the treatment of...

PERIODONTOCLASIA

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Literature upon request



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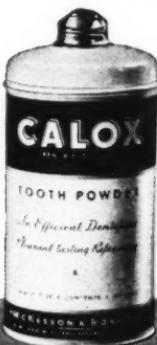
We urge that you unhesitatingly join in preserving the freedom that we all hold dear. Don't wait — don't delay — be a 10 percenter today!

Cook-Waite Laboratories, Inc. is proud to announce that a big proportion of its employees are 10 percenters.

COOK-WAITE LABORATORIES, INC.

*Manufacturers of NOVOCAIN with COBEFRIN
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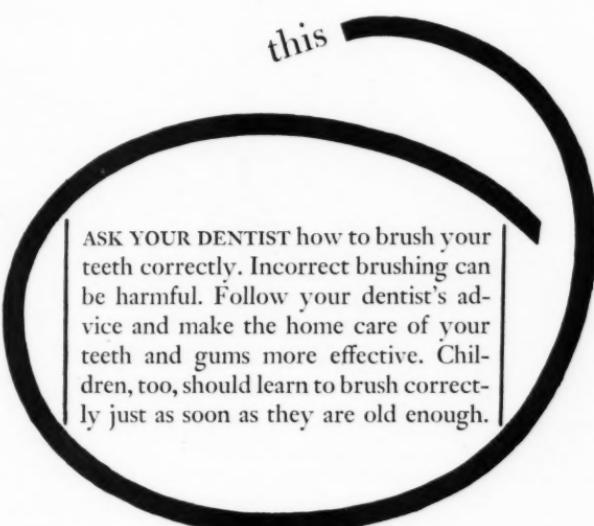




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carries to the consumer a message
such
as
this



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*The Quicker . . .
Cleaner . . .
Safer Way . . .*

TO CLEAN and POLISH

- TEETH •
- GOLD •
- PORCELAIN



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Use wet or dry . . . No spattering
THE PUMICE IS IN THE DISCS

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Any Style or Assorted

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THE patented Burlew formula and manufacturing process give Burlews a polishing action 40% greater than other discs; a heating rate 45% less; and 80% longer life. Burlews will not injure teeth or gums yet will remove the most persistent stains.

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Manufacturers of Dental Golds & Specialties
136 West 52nd Street New York, U. S. A.

Oral Hygiene

VOL. 32, NO. 12

DECEMBER 1942

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THE ORIGINAL TOOTHPASTE FOR MASSAGING GUMS AND CLEANING TEETH



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Dentist Treats ANNETTE DIONNE

Doctor L. H. McCool, dentist of North Bay, Ontario, reassures Annette Dionne after a painful treatment. In playing she fell, struck her mouth against a stone step, and broke off about a third of the upper right central incisor and a corner off the upper left central incisor. Annette is considered the prettiest of the Quints and Doctor McCool hopes to keep the pulps of the teeth vital and eventually restore the appearance of Annette's mouth to normal.

A Veteran Talks to Dentists

IN SERVICE



By
Clyde Henry Kleinert, D.D.S.

"How about my dental practice? Can I regain any part of it upon returning from the Army? What shall I do with my dental outfit?"

These and similar queries have been ringing in my ears since the memorable day of December seventh, when the Japs attacked us at Pearl Harbor. It is natural for a young dentist who is about to be snatched away from his career to ask such questions. As a veteran of the First World War, my actual observations and experiences relative to the dentist in the Army may serve as an aid for those dentists who are about to join the Service.

In the first place, don't sell your dental outfit. Dental manufacturers will give you little for it, and you will need it when the war is over. Dental tools will then be expensive, and it will be years before normal production returns.

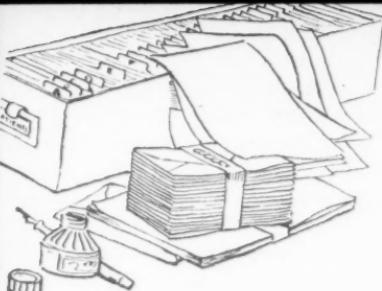
Second, if you live in a small town and your office is situated in a private home, or you have lived with parents or relatives, you

should, by all means, retain that office intact. Let the window signs remain as they are. The furniture should be oiled and covered with dustproof moth paper and clean linen. In one of the windows there should be the customary star, and underneath it, a small, neat sign, reading: "Dr. Blank Joined the U. S. Army." It is also advisable to write the month of your departure for patients' information. Should you have to vacate your office in a commercial building or large apartment house, you can easily obtain permission to retain a sign, in place of the old dental sign, stating that you are now in the Army.

Place your dental outfit in a reliable fireproof storage house, and in doing so get the assistance of one who knows how to handle dental tools.

Correspond with Patients

There are many reasons why you should continue to be in touch and in communication with your patients after you have joined the Army. Primarily, it is human as well as social, to write to a good



A dentist in Service can keep his patients and friends interested in him.

Army life. After you become acclimated to the daily routine of Army subordination, and a life of clock-like precision in fulfilling inevitable daily tasks, your Army life will, then, settle itself into a matter of habit. The first few weeks are full of tension and anxiety. Every day something new may happen. You don't know your assignments. Your free hours may be spent in thinking of the best methods of adjusting yourself to the new environment; how to serve best; and how to please your superiors. But, as time goes on, you will gain a better perspective on your life. You will worry less about Army routine. You will acquire new friends with whom you discuss common problems, which are easily dismissed from your nervous system. It is, then, when your leisure hours have widened, that you will begin to appreciate letters received from your home town. It is, then, that you have more time for mental relaxation.

many of your patients, brushing aside the professional angle. After you have been in dental practice from five to ten years, you are likely to have developed not only friends and admirers, but patients, who believe that you are the best dentist in town. Some of them may have gained a sort of an inalienable confidence in you, and they will miss you. There are other patients who may think of you not only as a good dentist, but as a man of judgment, intelligence, sincerity, and friendliness. In view of this, there will be a considerable number of your patients who will regard it as a distinct honor to receive a letter, a postcard, or a picture of you in uniform.

The social link with your patients and friends, by way of correspondence, will constitute some of the most joyful hours of your

It is difficult for a layman to understand what a letter means to a

soldier, when he is far away from his home. Not only does the soldier read letters from relatives and friends, but he literally chews them over and over again. Whether you are a commissioned officer or a buck private, you are only a "buddy," and your world becomes broadest and most cheerful when letters pour in from friends you left behind in your old homestead.

Take Patients' Addresses

In order to keep up social connections with patients and friends, a little orderly planning is required, before leaving for the Army. As a rule, the week of your departure is so crowded with final arrangements and settlements of business affairs and social obligations, that the very last minute, you are likely to jot down a few addresses of some friends and patients, and then even misplace them to your great chagrin later on. Therefore, this matter deserves special attention.

Take off one or two evening hours of your time and attend to this matter in a definite way. Place your patients' card file on desk, start from letter "A" and look over every card to letter "Z." Here is your dental history with its aches and pleasant memories. Don't copy addresses; that will tire you. Just remove one card of a favorite patient's record and put it aside. Let us say, for example, that you have selected a hundred names whose addresses you decided to take with you. The logical way is to arrange these cards in three classes. Number one, the best and most intimate patients of yours. Number two, the

less intimate patients, but those who had a lot of confidence in you. Number three, the more distant patients, with whom you'd like to keep in touch and whose friendship you wish to cultivate. Put these cards into a sealed envelope, place them into your traveling bag, and forget about them for the time being. Six months later you'll regard this little package with a sentimentality that only a soldier can experience.

As a matter of fact, during the first month of Army life, you write little; at the most a line or two to your close relatives. The second month, you'll probably write a few lines to number one patient, and as time goes on your mailing list will widen, both in scope and in human interest.

Your correspondence with patients will shape itself into peculiar twists and turns. You'll discover new friends. Patients that you have classified in the second and third brackets may reveal themselves the most engaging and the most appreciative correspondents. They'll value your letter, show it to friends and relatives and talk favorably about you. Women patients will particularly cherish a letter from their favorite dentist, who is now in the Army. As the greatest number of your patients are women, there will be a good number of them who will miss you, and talk about you. They'll frankly tell their husbands that you were a "very good dentist" and a "very nice fellow." Letters received by such women-patients are amply advertised. For that, they will praise you

before neighbors and friends, and magnify your dental skill and your excellent personality to the best of their garrulous ability. All this is done in a sincere spirit of appreciation.

Thus the maintenance of communication with patients crystallizes itself into the most pleasant pastime during the Army off hours. It is no longer patients who are in your mind, it is the social consciousness of new friends that holds your interest.

Patients Become Friends

After the lapse of six to eight months of Army life, you seldom give a thought to the notion of retention of patients. The dental office is utterly off your mind. Patients with whom you have been exchanging letters are now your appreciative friends. It is the human contact with the little world of people that know you outside the boundaries of the Army that interests you most and which makes your life worthy of living. For all purposes, you are a soldier not by choice or preference. You are in the Army because your country needs you. Your mind is where you were born and brought up—with your family and friends at home whom you expect to rejoin as soon as the war is over.

Aside from this, your connection with the dental world should not be severed. By all means, retain the same dental office address for receiving mail, even though you have been obliged to vacate your office. In virtually all cases, you can arrange with the superintendent of

the building for permission to continue receiving mail at the same address, and have it transferred to you by parcel post, once a month. By maintaining a mailbox at the building where you practiced dentistry, you are preventing an unnecessary cleavage between you and your dental practice. You continue receiving your dental magazines, society news, pamphlets, and dental advertisements, as if you were still in private dental practice. In other words, you remain on the dental mailing list.

In the excitement of the hour, before departing for the Army, you are likely to overlook such items as your future relations with the dental world. But, oh, how you'll cherish that bundle of dental literature that reaches your Army camp at regular monthly intervals! Not only will you gladly read your favorite dental magazines and society news, but, you'll even thoroughly scrutinize advertisements; and often, you'll even clip some of those advertisements for future reference.

Your friends and your dentistry comprise your future—the future of personal freedom and independence. This is the reason why you and millions of other boys are now in the Army. You are about to give away your liberty, your free individuality, and even your life, in order to secure a future life, safe and free, without regimentation and dictators; your way—the way that will yield for you the most in personal satisfaction.

1001 Ocean View Avenue
Brooklyn, New York

I Was a Dentist

in the

GERMAN

ARMY

By MARTIN STIEFEL, D.D.S.

A former German dentist recalls his experiences during the first World War and after.

THE MAJORITY OF the American dentists take it for granted that they will not be drafted as privates, but will get commissions in the Dental Corps and be promoted according to age and the duties performed. But let me say, as a former German dentist who served in the German Army during World War I, that in Germany it was different. A dentist could have the privilege of being employed in his profession only when he was physically unfit for front duty; otherwise, he had to join the armed forces.

Those dentists who had served in peacetime were nearly all, if



The author in 1914.

qualified through long training and social background, officers in the reserve of the regular combat army and were, of course, immediately called to their formation. All other dentists up to 50 years of age were called as privates and had to climb the ladder of promotion, according to their efficiency in war duty. In peacetime two dentists were assigned to every army corps, to be called in case of mobilization to the mobile corps hospital, which was at the center of the corps staff. These dentists were, like the pharmacists, not regular medical officers, but some kind of civil employees with the rank and pay of a captain. Inside of Germany this dentist was not allowed to wear a uniform; except, when leaving with the mobile formation, he received a uniform with two captain's stars and civil-employer emblems on his shoulders. Often he was discharged to the noncommissioned ranks if, when reexamined,

he was found healthy enough for general front duty.

Dental Service Increased

One can imagine that two dentists for a whole army corps were insufficient, and later some kind of dental service, embracing all branches of dentistry, had to be established. At each base hospital a dental department was set up with six War Dentists. This was the official title of the dentist in the army. Each division was supplied with a medical company having a dental staff of six War Dentists. Other mobile formations, such as regiments, battalions, and companies, had no dental service for themselves.

The medical officers took care of the dental emergencies but, when the war grew static in the trenches, they had to give furloughs to the soldiers to permit them to go to the next dental station where they could obtain service the medical officers could not give. To stop the increase of furloughs, these officers often improvised a dental field station of their own, by ordering a noncommissioned soldier, who happened to be a dentist, or a dental mechanic, to take care of patients, doing what he could with a couple of standard forceps out of the medical kit.

I had plenty of opportunity to see the shocking results of the treatment or mistreatment of facial and jaw injuries during the first years of the war. The dentists' lack of proper training, of peacetime experience, of equipment, and it must be added, a lack of coopera-

tion between medical officers and dentists, were frequently disastrous to the soldiers. When the wounded arrived at last at a home hospital, after staying for months abroad, they often were disfigured by ugly scars and by pseudarthrosis; and the few specialists in Germany had to perform miracles to restore these patients to a semblance of human beings.

As most of the German general hospitals had no dental equipment, nor dental staff, nor dental interns, it was difficult for a member of the armed forces to get the proper dental treatment in the beginning. Only in the cities with the dental clinics attached to the Universities was there well-organized dental care. As the military barracks were all in cities, not in camps as here in the United States, contract dentists (civilians of non-draft age) took care of the dental needs of the soldiers in their private offices. As the cities with the dental schools were mostly the seat of the army corps staff, it happened that the dean was often the honorary adviser of the medical staff and he had the task of organizing the entire dental service in his corps area. He proposed the names of the War Dentists for service at home and abroad, and he supervised the hospitals, clinics, and the stations for dental, facial, and oral treatment. Considering all the obstacles, not only in organization, but also in scarcities of materials and equipment, dentistry as a whole did a good job.

As I have said before, the German dentist had a struggle to

A DENTIST IN WORLD WAR ONE

Doctor Martin Stiefel writes authoritatively of German dental service. He not only served as a dentist during the first World War but was instrumental in setting up the Bavarian state and county dental organizations and has had firsthand experience with socialized dentistry in post-war Germany.

When the war began in 1914, Doctor Stiefel was a senior dental student. He volunteered for service in the German Army and was given two months of basic training, with three days off to take his final examinations in the dental school in Würzburg, Germany. Here he received his degree as a dental physician and was transferred with the rank of corporal to the Medical Corps, wearing the uniform shown in the accompanying photograph. Doctor Stiefel was then assigned as a dentist to aid in war surgery in the Dental School of the University of Münster in western Germany. He worked under Professor Seidel, who established the first large hospital for dental patients in connection with a large general clinic in Münster. With the exception of four weeks as head of a field hospital for head injuries, where he was sent to correct inefficiency, Doctor Stiefel acted as instructor and assistant in dental war surgery for four years in Münster. After demobilization in November, 1918, he opened an office for the general practice of dentistry in Würzburg. Later he was made the first secretary of the county dental organizations in Würzburg.

In October, 1936, Doctor Stiefel brought his family to the United States. At the age of 45 he enrolled as a senior at the Dental School of the University of Pennsylvania and graduated in June, 1937. Later he passed the state board examinations in Pennsylvania and New York and has been practicing dentistry in Philadelphia since February, 1938. His citizenship examinations having been completed early this year, Doctor Stiefel expects soon to be sworn in as an American citizen.

reach his proper place in war dental surgery. First of all, he had no military grade, therefore no military authority, and in the beginning, the members of the medical corps refused to cooperate with him. The physicians thought, at first, that they could handle the jaw injuries by themselves. As they saw the disagreeable results of their presumption, they finally

threw the entire responsibility for the treatment of these injuries in the lap of the dentists. At the age of 24 I was, for a month, the chief of a hospital having 200 patients with head injuries. One famous exception to the general indifference toward dentistry was the large special hospital for facial injuries under the management of dentists and oral surgeons at Duesseldorf, still

existing as a part of the University, but it has not been destroyed recently by the R.A.F.

Trained for War Service

I do not know the military status of the German dentist in this war, but I certainly doubt that there is a special corps similar to the American Dental Corps. But to show how Germany prepared for this war I have only to tell you that, *through the order of the Dental Fuehrer, every German dentist since 1933 had to attend war surgery clinics.*

After the war all veterans with certified injuries were taken into a semi-official health insurance program and every dentist who worked under this plan could, at reasonable fees, treat the dental cases. This included all types of prosthetic service, which had to be done over on account of the poor substitute materials used in wartime. It was during this period that Krupp gave to dentistry his chromium-cobalt alloy.

Socialized Dentistry

It was not difficult for the dentist to readjust himself after the war. It was the time of the "blessings" of socialized dentistry. A big clientele was at his disposal through the ever-growing compulsory social insurance. Each union, each factory, each profession had its own social institution. As the dentists were not organized in the beginning, the institutions dictated fees and the amount of dental service to be given. First the dental treatment was limited to extrac-

tions without anesthesia and to two restorations of cement or copper amalgam quarterly. As dentistry became organized into a union, we dentists had to strike several times to fight for the admission of our members and for fee increases. With the increase in the number of insured people the service expanded, too, and soon included the whole field of dentistry.

Although in the beginning, this social insurance was intended only for the working people of low income, it was soon adjusted to include all classes. Not only labor as a whole was insured, but soon all employees in the highest income ranks, the state and municipal police, the new Army, the government officials, the post and railroad employees, and all those on relief with their families were included in the contracts with the Medical and Dental Associations. At least 75 per cent of the German people were insured. I do not include in this number the persons who joined some kind of semi-private insurance program, which paid a limited sum for dental care, according to the premiums. The way was open for mass production and fraud of all kinds. But the worst was to come!

In many towns with big industries, the social insurance corporations, which were dominated by the unions (the board of directors always consisted, according to the federal law, of two-thirds of employees and one-third of employers) built their own medical and dental centers with well-equipped

(Continued on page 1612)

AMERICAN Dental AMBULANCE



THE STORY OF how the first dental ambulance presented by American dentists to British dentists in June, 1940, has been put into action is now being told to American dentists by Doctor Robert LeCron, who returned to the United States several months ago. Doctor LeCron, who has practiced dentistry for thirty-eight years in London, lost both his home and his office by bombing.

When the chassis of the ambulance arrived in London, Doctor Roberts and Mr. Kelsey Fry utilized the \$1000 cabled from Amer-

ica by a group of dentists for setting up and completely fitting out the ambulance as an emergency laboratory for the immediate care of injuries of the face and jaw, as described in *ORAL HYGIENE*.¹

On account of the geographic position of the Maxillo-Facial Hospital, outside of London, most of the R.A.F. men who are injured in defending England, and in raids over Germany and the occupied territories, are received at this center. That was one of the important reasons for locating the American Dental Ambulance at this unit, under the direction of Mr. Kelsey Fry, consultant to the Ministry of Health.

Here they have a complete medical and dental unit ready to leave at a moment's notice day or night, to take care of a casualty at any distance. This is of the greatest importance, according to Doctor LeCron, because a person who is seriously injured no longer needs to go through the grueling experience of traveling when the shock of such a trip might endanger his life; or be detained in a hospital not staffed or equipped to render proper and immediate attention. Of course, it is

¹First American Dental Ambulance Sent to Eng land, *ORAL HYGIENE* 30:815 (July) 1940.

used also in the treatment of casualties experienced by civilians during air raids.

Doctor LeCron, being an executive of the American Ambulance in Great Britain, suggested that the dental ambulance be incorporated in their fleet of 266 ambulances, operating throughout England and Scotland, and thus save the British Hospital all expenses incurred in the operation of the ambulance, including repairs, gasoline, oil, and tires. At the same time this arrangement overcame certain restrictions in respect to coupons for gasoline, which permit refueling only at specified pumps, and the limitations on British ambulances that can operate only in certain districts.

The American Dental Ambulance, although a part of the

AAGB's fleet, which is operated at a cost of approximately \$10,000 a week from funds raised entirely in America, is completely under the control of the Maxillo-Facial Unit.

This ambulance, being a mobile laboratory, serves another purpose—in case the hospital laboratory is destroyed by bombing, the staff still can carry on, as the ambulance is kept in an isolated spot, away from the hospital.

The British Ministry of Health has expressed its great appreciation for the valuable auxiliary service of the American Ambulances, and the British people are familiar with the distinctive gray fleet of ambulances carrying the red band and shield composed of the American and British flags crossed and the plaque of each individual donor.

ARMY MEDICAL SERVICE TO BE STUDIED

A COMMITTEE TO study the Army medical service, at home and abroad, has been appointed at the suggestion of Lieutenant General Brehon B. Somervell, commanding general, Services of Supply, and Major General James C. Magee, surgeon general. The purpose of this committee is to assure personnel of the Army the best possible medical care, according to Secretary of War Henry L. Stimson. This committee of the country's leading medical men includes: Colonel Sanford Wadham, U. S. A., retired; Colonel William L. Keller, U. S. A., retired; Doctor John Herr Musser, internist; Doctor Evarts Ambrose Graham, professor of surgery; Doctor Arthur Eiler Ruggles, psychiatrist; Doctor J. Ben Robinson, president, American Dental Association; James Hamilton, superintendent of the New Haven Hospital; Doctor Louis Dublin, New York City; Doctor Lewis H. Weed, director, Johns Hopkins Medical School; Corrington Gill, Washington.



I'VE BEEN A SUCKER



A dentist gives his "off the record" experiences with slick salesmen and racketeers.

By M. FORWALTER, D.D.S.

AFTER TWENTY-THREE YEARS of active dental practice in the county seat of an agricultural community, I feel that I can qualify as a sucker. I have often wondered if all small-town professional men are easier prey for crooked schemers than those of the larger cities. But I have no way of finding out, because most dentists won't talk.

A noted economist once said that two of the poorest types of business men are the former school teacher and the busy professional man. I am both. I hate to admit gullibility covering a long period of years, but only through discussion can we aid in apprehending the criminals who force themselves

and their fake deals upon the active professional man.

I had a pretty young woman magazine agent sell me a subscrip-



tion to a magazine. In two weeks I received the entire twelve issues of *Cosmopolitan* in one bundle—all used magazines.

Then I had a rabbit deal in

which I purchased two breeding does and was guaranteed 247 per cent profit the first year—and I still have the original investment. In the final settlement, I received 16 cents for the \$100 invested. I still have the check.

I have had magazine agents—well-dressed boys—from universities—insist on the authenticity of their college careers, show me fingers crooked from basketball injuries, give the names of their college professors, and finally admit it was all a fake.

A man introduced himself as "Doctor." A physician had advised him to quit dentistry because of sciatica and to sell merchandise to dentists. I quizzed this man about his address in Chicago, his college, his year of graduation, and finally I showed him that he never graduated from Illinois. He, upon being cornered, insisted that the alumni recorder had made an error.

Fake Dentists

Then I have had an instance in which some well-dressed fellow introduced himself as a "doctor," saying that he knew me and that I had not changed much. He gave his name as a son of a noted surgeon in a neighboring city. He wanted to borrow some money because his auto broke down on a visit here to attend a funeral. Upon investigating state lists of registered dentists, I found no such man.

Another smooth one was a man who wanted to borrow a few dollars to help get his broken-down car repaired. He claimed he was a

son of some classmate of mine. This type of fellow is very dangerous because he carries alumni records of each of our colleges.



First, he makes a call at your office, finds out the name of your school and year of graduation, then he goes down to his car and picks out a classmate, from some distant city.

At times I have thought that my office was marked, but I believe now that I'm just an ordinary, busy dentist who has an average number of experiences with crooked salesmen. I have reached this conclusion after talking with friends and strangers about such personal experiences.

Impersonate Physicians

For years I have been a member of a local businessmen's club. Twice in fourteen years we have had two speakers who have given most interesting talks. They represented themselves to be physicians. One talked on diet and sold mimeographed copies of his talks. He even had private consultations with some local physicians. I checked and found that he did not have even an average education. He had no

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affiliations with the United Fruit Growers Association and the Middletown Sanitarium of New York, which he gave as references.

A fellow talked recently to both the Rotary and the Kiwanis clubs claiming to be a physician who had been stranded in Greenland for three years. What a weird and interesting story he had! The local newspaper gave his talk a ten-inch write-up. I investigated him after his talk—the name of his college and the year of graduation. He said that he graduated from Oxford in England. I have a letter from Oxford, England, which says that they have never graduated him. It certainly takes a lot of nerve to represent yourself to be a physician when you're not, and to go before a mixed group of men in a service club—knowing that there probably will be several physicians among the audience.

Crooked Salesmen

To return to the dental office, there was the snappy type of talker who sold me instant denture repair that wasn't worth five cents a gallon. And the person who claimed he owned a laboratory and sold me twelve boxes of denture cleansing paste—it remains untouched in the storage room because it is worthless to me. Then there was the slick salesman who sold me a bottle of furniture polish, which he had made up from gasoline and other ingredients just before he came to the office.

I had an agent try to sell me a box of collection letters for \$5.00. The letters were the usual form. I

finally made him give me a receipt agreeing to refund the money, if I failed to collect \$10.00 on the list of 104 accounts. After spending time and postage, I received nothing. Then I wrote the agent—the letter came back unclaimed.

A clever one was the truck driver who worked for a wholesale fur company out of Indianapolis. He showed invoices from nearby fur retailers. He claimed that he had a fox fur that was accidentally sent to him; only three of the employees knew about it. I bought the fur for \$15.00. This was worth \$95.00 wholesale, according to the invoices. There was no fur company; the fur was worth about \$3.00. This experience was bad enough, but when another chap called on me within two months with exactly the same story, I really took him to court. The stunt was originated in Saint Louis and was paid for by these crooks.

No longer ago than September eleventh, of this year, I had another smooth fellow who took me for



\$6.00. He was a man between 60 and 65, weight about 150 pounds. He had an order-book with carbon copies of orders for dental supplies from other den-

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tists. He said he had serviced equipment, at dental offices and at the County Hospital. He knew the name of *every dental instrument* and knew how to make repairs. He took my order for thermometers, lights, and so on. He gave me a receipt stamped J. Roberts & Co., Indianapolis, Indiana. He wrote in "Healy Building" and signed his name, J. Roberts. He talked of his forty years' experience in the dental supply game, and he really must have had plenty of experience with dentists' equipment. He talked of repairing my handpieces. I sent him four to the address given and my insured package came back—there is no such company.

I will appreciate it if any dentist who recognizes the chap will notify the police, hold him, and write or telegraph me at my expense. Then I can bring this fellow

back here for getting money under false pretenses. I am willing to go out of my way to take any crook out of circulation—to protect professional men and women.

My reactions to these experiences are: "Don't allow any agent to contact you when you are too busy to think. Unless you know him, treat every agent as a crook if he tries to get cash in advance for merchandise or service."

I have been a sucker so many times that I have elaborated on these experiences and have a talk which I give to small groups at service clubs. It is interesting to note the red faces here and there among the business men when they recognize the deal as having been pulled on them.

121 West Main Street
Van Wert, Ohio



ARMED FORCES WILL NEED 19,000 DENTISTS

THE PRESIDENT, on November tenth, announced that all the armed forces of the United States are scheduled to total 9,700,000 by the end of 1943. With a ratio of one dentist to every 500 men in the armed forces there would be a demand for 19,400 dentists. The Army would need 15,000 dentists (7,500,000 men); the Navy 3000 (1,500,000 men); the Marines and Coast Guard 1400 (700,000 men).

According to the American Dental Association there are approximately 29,000 dentists (38.9 per cent of the 75,000 estimated total number) under the age of 45. It is estimated that 14,000 of these men are under 37 and 15,000 are between 37 and 45. These figures would suggest, therefore, that of every three dentists under 45 the armed forces will require the services of two before 1943 is ended. Or to say the same thing another way: to fill this need every one of the 14,000 dentists under 37 would be required and 5400 of those in the 37 to 45 group would be necessary.



The Soldiers' and Sailors' Civil Relief Act:

Amended October 6, 1942, to correct defects and increase protection of civil rights of soldiers and sailors:¹

1. The new law extends benefits to persons who serve with the forces of any nation with which the United States may be allied in the war and who were citizens of the United States prior to such service.
2. Persons who have been ordered to report for induction under the Selective Training and Service Act or any member of the Enlisted Reserve Corps will be entitled to benefits during the period beginning on the date of receipt of such an order and ending on the date on which he reports for such service.

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Leases:

Provision is now made for the cancellation of any lease covering buildings occupied for homes, professional, business, agricultural, or similar purposes in cases in which the lease was executed by or on behalf of a person who later entered military service or in cases in which the premises so leased have been occupied by the man who entered the service or his dependents. Leases in all such cases may be terminated by notice in writing delivered to the lessor (or his grantee) any time after the lessee has begun military service. Termination of a lease, which provides for monthly payment of rent, will not be effective until thirty days after the first date on which the next rental payment is due.

Storage Liens:

No person may foreclose or enforce any lien on household goods stored for the period of military service and for three months thereafter except on an order previously granted by the court.

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Insurance Premiums:

The benefits of the Act in connection with insurance premiums are extended to policies up to \$10,000 face value. In order to obtain the benefits, the insured must make written application to the Administration of Veterans' Affairs. An insured person will have two years after the period of military service to repay premiums guaranteed by the government under the Act. The benefits are not applicable to policies or contracts issued under the War Risk Insurance Act, the World War Veterans Act, or the National Service Life Insurance Act of 1940.

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Interest Rates:

A new section prohibits interest at a rate in excess of six per cent on obligations of persons in military service incurred prior to their entry therein.

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Taxes on Property and Income:

The protection provided by the original Act in respect to taxes on real property is extended to include taxes (other than income taxes) on personal property; that is, no sale of the property may be made without leave of a court.

Mortgages and Other Liabilities:

A new section grants to persons in military service relief for a specified period after military service in order to enable them to liquidate their liabilities in an orderly fashion and not be subject to accrual and payment of these liabilities all at one time.



Dentists to Aid Physicians:

To prepare themselves to assist physicians by performing certain medical procedures during the war emergency, sixteen dentists in Flint, Michigan, are taking special training in local hospitals. The courses will qualify the dentists to obtain blood for examinations, for blood banks, to do intravenous feeding, and give intramuscular injections. Some of these dentists, who are already qualified in several of these fields, are assisting in clinics and with Selective Service examining boards.

Under a similar program Colorado dentists are also receiving this training. The plan was initiated by the presidents of the Colorado State Dental Association and the Denver Dental Association in cooperation with the board of trustees of the Colorado State Medical Society. A class of seventy dentists has finished a course of lectures on anesthesia, and small groups are now assigned to the hospital for practical training.



Registration of Dental Equipment:

In order to determine whether a certain machine used in dental practice is subject to registration, the Federal Communications Commission advises that you

must first determine if it generates an alternating current between the frequency band 10 kilocycles to 100 kilocycles. If the machine does not generate an alternating current within this band, it is not subject to registration. If it does generate a frequency between this band and is used for the treatment and cure of disease, it is subject to registration under Order 96.



Dentists Organize to Salvage Materials:

To aid the national salvage program, dentists of greater New York have begun an organized drive to salvage and conserve metals, rubber, plastics, and other critical war materials. The new plan calls for the segregation of the unusable materials and equipment in individual, labeled containers in each dentist's office, where dental laboratory messengers can collect it on their regular pick-up and delivery calls. When sufficient material has been accumulated at the laboratories in individual receptacles, the scrap will be taken to a central depot, from where it will go to regular collection agencies.

The materials that dentists are being asked to accumulate, according to Doctor Louis I. Abelson, Chairman of the Committee on Dental Salvage and Conservation, are:

1. Iron and steel—burs, drills, instruments, tools, containers, discarded apparatus, appliances, and fixtures.
2. Rubber—vulcanite, rubber dams, rubber bands, aprons, old treads, tubing, syringe bulbs, cartridge stoppers, polishing cups.
3. Acrylics—old dentures, plastic tops.
4. Waxes—paraffin, beeswax, black carding wax.

¹ Soldiers' and Sailors' Civil Relief Act Amendments, J.A.M.A. 120:539 (October 17) 1942.

This is YOUR Business

Conducted by Peter T. Swanish, Ph.D.

CHANGES BROUGHT on by the transition to a price-wage-ceiling economy reach the material well-being of the dentist through the front door as well as indirectly. Dentists, with all the rest of the consumers, are to experience a deep change in their mode of living.

On the economic side, dental practice may suffer or prosper as the economic condition of the classes of persons who made up a dentist's practice goes up or down. Because of being better off, some patients may spend more, or because of deterioration of their income status, they may spend less for dentistry than they did before. Whether more is spent by the prosperous ones depends on how much more they will want dentistry than the things and other services that are still available.



In a wartime state the amount of money that working men earn and try to spend, by force of circumstances, exceeds the goods and services for sale. Surplus of cash has characterized the condition of So-

viet workers since 1928. It has distinguished the wartime condition of both British and German workers.

Within this surplus of cash germs of inflation, which could destroy the economy of the dentist along with that of all the rest of us, breed and multiply. Because this is so, conscious control over the price mechanism becomes necessary.

In the old economic order, a commodity usually went to the person who wanted it badly enough to pay the price. The price of the goods depended on one's need for it and upon one's income. The nerve of this price mechanism through which goods were distributed before is about dead. Price and wage stabilization has been put in its place.

Match Goods And Income

Through price and wage stabilization, through deliberate administrative action of an economic stabilization board set up in the Office of Economic Stabilization, goods and spendable income are to be matched in so far as this is practicable, on a given price-level basis. The balance of the cash resting in the hands of the consumers will be absorbed either through the purchase of bonds, forced savings, increased taxation, or stabilized in

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some other way lest, to use the words of President Roosevelt, "the inflationary tendencies of the vast dislocations . . . destroy our military effort and our domestic economic structure."

The effect of price-wage stabilization on economic classes will not be uniform. The unevenness of the impact will affect the individual practitioner's economy differently.



Consider first the rich man—say the one accustomed to a town house and to a country home, and to all of the paraphernalia of easy living—what will a \$25,000 ceiling on his income do to his old scheme of living?

Despite all the enforced economies, he will still have enough left for his dental bill. He may postpone his next call to the dentist, because of a sudden feeling of impoverishment, but this will wear off as the war goes on.

Living Standards Change

Take the man in the \$5,000 to \$10,000 salary group! Unless he gets a more responsible job, or unless he is excepted by the office of the Economic Director, an increase in salary is foreclosed. This is the class that will feel the effect of price controls immediately and specially. The household servant will go. The familiar gadgets

will have to be mended at home—new ones are definitely out. Vacations will be trimmed shorter in



length and down in cost. Taxes will be higher. Savings, interest on the mortgage and the like, will cut a deep gash in the budget. Shifts in the old pattern of consumption are in the cards. Dental care may be pushed down in the rearranged consumption scale for a short time, but it will climb back and stay about where it was normally.

Effect On Dentist's Income

The dentists' economic status will suffer slightly as the result of sacrifices that those in the \$2000 to \$4000 class will have to make. Persons in this class will call on their dentist less frequently. They will postpone needed care as long as they can.

Suppose our average person in this income category lives in an apartment for which he pays \$50 or so a month for rent, has a wife and child, and owns an automobile—what does the next year under price-wage stabilization hold in store for him? Growing scarcity of goods will naturally force rationing, and this will pinch the pleasures, which flow from easy access to a wide variety of goods. This is the way rationing and also price policing is supposed to work:

namely, to see that everyone shares alike in the goods available for everyday consumption and pays about the same price for most of the things bought and sold.

The local draft board will not get around to call the head of this family until sometime in 1943; all things in Congress being equal. More shoe leather will be used after the car goes into dead storage. Taxes will be higher. A relatively larger part of his income will go into war bonds and other forms of saving.

The accumulated dental needs of this last group, made up of the semiskilled worker earning about \$1800 to \$2000 annually, and the skilled worker who has moved over into the \$3500 to \$4500 class, will be larger. It is large on an average for all classes.

If consumption scales were rational, many in the last two income groups would start toward the dentist's office to make up for past neglect. They probably will not do any such thing, or at least not in a hurry. Many will be making "real" money for the first time in years. The itch to send some of this after goods will be intense. It will not be easy for large numbers in this class to get the feel of saving, after years of having had nothing to save.

The effect of a comprehensive "national economic policy relating to the control of civilian purchasing power, prices, rents, wages, salaries, profits, rationing subsidies and all related matters," is the concern of all. This is *your* business.

6527 Glenwood Avenue
Chicago, Illinois

I Was a Dentist in the German Army

(Continued from page 1631)

dental clinics. Overnight the practicing dentist was put out of work, losing over 75 per cent of his patients; and he was glad if he could find a job as an employee in one of the new sweatshops. Therefore, all dentists in the United States should

be opposed to every kind of socialized dentistry. It is the gravestone not only of good dentistry, but of the members of the dental profession.

1417 West Olney Avenue
Philadelphia, Pennsylvania



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A Battalion First Aid Station at the **INSTITUTE OF WAR MEDICINE AND SURGERY**

One of the military demonstra-
tions given before the Institute of
War Medicine and Surgery for den-
tists, held in Chicago under the
sponsorship of the Chicago Dental Society, was concerned with the ex-



1

planation of the Battalion Aid Sta-
tion. In this series of pictures sol-
diers from The Medical Replacement
Training Center, Camp Grant,
Illinois, demonstrated the operation
of the medical detachment under
battle conditions.

1—A company aid man treats the
first casualties.

2—Another fractured jaw is band-
aged.

3—An arm is splinted.

4—Litter bearers in action.

5—A wounded soldier is prepared
for transportation.



2



3



4



5

Editorial Comment

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." John Milton

GEARED TO TODAY'S NEEDS

SIX HUNDRED AND fifty-five dentists representing twenty-nine states spent four days in Chicago in late October attending an Institute of War Medicine and Surgery for Dentists. This is news! The success of this Institute proves several things:

1. Dentists will take four full days from their offices and spend considerable amounts of time and money in travel to improve themselves if the subjects offered are of interest and practical value.
2. Dentists will spend eight hours a day in study if the subjects are presented in a fashion to hold their interest.
3. Dentists will be punctual in attendance if they are assured that meetings will convene on time precisely as scheduled.
4. Dentists need no social activities to stimulate their attendance. Particularly in wartime, dinner dances, smokers, and such wasteful motions can well be abandoned.
5. Finally dental meetings can be conducted with a strict adherence to the "no smoking" order.

This course was offered by the Chicago Dental Society and held in the John B. Murphy Memorial Hall of the American College of Surgeons. Twenty-five speakers appeared in the formal program, and there were four previously-unannounced speakers, including the immediate past-president and the president-elect of the American Medical Association. Doctor Frank H. Lahey, Chairman of the Procurement and Assignment Service, addressed a session on that subject, and Doctor James E. Paullin spoke on cardiac disease and military service.

The eleven sessions of the Institute were divided into four main divisions:

Part I: Topics of a Background Nature to Aid Dentists in Understanding the Larger Issues Involved in Global War. These subjects included geography of the battle areas, weather conditions in the zones of combat, and cultural patterns of our enemies.

Part II: Topics of an Essential Military Nature. These subjects included military customs and courtesies and the display and explanation of the Battalion Aid Station equipment. Military subjects were presented by the demonstration method by officers and men from The Medical Replacement Center, Camp Grant, Illinois.

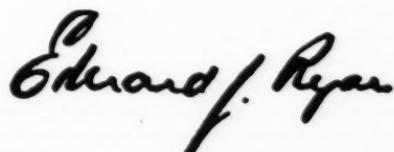
Part III: Topics of a Basic Medical Nature. In this division the following subjects were presented: tropical medicine; traumatic surgery; military sanitation; military psychiatry; aviation medicine; nutrition.

Part IV: Topics of a Strict Dental Nature with Direct Relationship to the Rôle of Modern Dentistry in War. These general subjects were facial and jaw reconstruction, local and general anesthesia, and traumatic surgery of the jaws.

The enthusiasm of dentists attending this course may be vividly demonstrated by reference to the fact that only seventeen of the 655 persons in attendance failed to qualify to receive the certificate of attendance that was issued to persons attending eight or more sessions.

This is not the time for dental societies to spend long hours in purposeless programs and meaningless debate on purely technical subjects. Most of us are well-qualified to perform the ordinary operations in dental practice. We can learn from the dental literature and from concentrated clinical programs the refinements of technique that have developed. We need more than anything else to integrate ourselves in the general medical mission in the Nation. We can expect increasing responsibility to be placed on the dental officer in Service. Under the stresses of battle casualties and the subsequent physical reclamation a terrific load will be thrown on medical officers. They will increasingly turn to us for aid. It is not inconceivable that in the local communities we may be called upon more and more to cooperate with physicians. A particularly vital field for dental cooperation is in the field of general anesthesia.

This is the time of our great opportunity to show the American people that we are ready and prepared to serve the Nation in wide capacities. Every dental society, regardless of how small or how large, should plan its programs with the larger issues of the moment in mind. The Army and Navy Medical Departments, civilian physicians and surgeons, American universities, have proved by their cooperation in the Institute of War Medicine and Surgery that they are willing to help dentistry advance. The rest is up to us!

A handwritten signature in cursive script, appearing to read "Edward J. Ryan". The signature is fluid and written in black ink on a white background.

Dentists in the News

Pittsburgh (Pennsylvania) Press: Lieutenant Commander Laurice Aldridge Tatum, U. S. Naval Reserve, a well-known dentist of Birmingham, Alabama, died of wounds received during the sinking of the aircraft carrier *Wasp* near Guadalcanal. Commander Tatum, who was 47, volunteered for active service in 1941. He also served in the first World War. In reporting on the sinking of his Carrier by Jap torpedoes, Captain Forrest P. Sherman, U. S. N., commander of the *Wasp*, said, "There were many heroic acts on deck and in the water. A special tribute is due Lieutenant Commander Laurice A. Tatum of the Dental Corps who lost his life while ministering to the wounded."

Kansas City (Missouri) Times: William A. Newman, 26-year-old lieutenant in the Naval Dental Corps who was aboard the U.S.S. *Vincennes* until a moment before she stood on end and plunged to the depths of the South Pacific, arrived home in September for a month's leave visiting his parents, Doctor and Mrs. Grover C. Newman of Kansas City, Kansas.

Until he was forced to abandon the ship on which he had served for a year, Lieutenant Newman administered first aid, waiting for a lull to send the wounded men to the senior medical officer in the sick bay. But there was no lull. The sick bay was struck by a shell and wiped out, leaving only the junior medical officer and Newman to care for the wounded. Finally a shrapnel shell burst through the compartment in-

juring all except Newman and a pharmacist's mate. The man they had been treating was killed. The lights went out, a steam pipe burst beneath the deck, and the steel flooring became so hot that Newman and a husky sailor, whose hands had been burned, began evacuating the wounded.

The Jap firing continued for eighteen minutes, Newman reported, and for the twenty-five minutes more that the ship stayed afloat Newman continued to work with the wounded. Finally he made his way to the top deck, found a rope over the side and lowered himself into the water. He inflated his life belt and paddled away in the darkness. Encouraged by the beam of a flashlight he made his way to a life raft, on which wounded were piled. He and other uninjured men began swimming and pushing the life raft until they were picked up by a destroyer.

Atlanta (Georgia) Constitution: The most popular woman at Fort McPherson, Georgia, is Mrs. Helen W. Adams. In one month as many as 225 soldiers call on her—to have their teeth cleaned. She has served as a dental hygienist at the Fort for two years and estimates that she cleans 5,000 teeth every month. She also gives instructions on care of the teeth both to the officers and the enlisted men she serves. Mrs. Adams, who was employed by Atlanta dentists for sixteen years before coming to Fort McPherson, regards the soldiers as her "boys" and receives letters from them from all parts of this country and in foreign service.

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Columbus (Ohio) Citizen: John F. Kitchton, a dentist of 1828½ West Fifth Avenue, recently won first prize at the Chicago Photo Exhibit with his picture entitled "You're in the Army Now." During the month of October he displayed twenty of his photographs at the Southern Hotel art gallery in Columbus. Doctor Kitchton is a graduate of the College of Dentistry at Ohio State University and for the past two years he has been taking postgraduate work in orthodontics, while making photography his hobby.

Chicago (Illinois) Daily Times: Ralph L. Huber, a Seattle dentist, has offered the war department use of a device which he says permits "vision through fog, day or night, regardless of its intensity." Doctor Huber, who has also invented the painless hypodermic needle and a bombing device for one-man airplanes, said the "fog vision" device "eliminates the hazards of night

flying" and could also be used to advantage by other types of transportation during foggy weather. Doctor Huber has been doing research on "fog vision" for six years.

Homestead (Pennsylvania) Messenger: His dental chair, which has seen almost fifty years of service, and weighs 300 pounds, was contributed to the scrap salvage campaign by Doctor Ralph Miller, who obtained it from his father in the early nineties.

Saint Louis (Missouri) Post-Dispatch: William G. Svekosky, besides being a dentist, is an authority on historic homes. He has collected 400 photographs of interesting old Saint Louis mansions, prepared their histories, and pasted them on the backs of the pictures. He has also enlarged his hobby to include genealogical records of famous Saint Louis families, which he keeps in his home at 2221 Jules Street.

This month's awards for stories published in DENTISTS IN THE NEWS go to:

PRIVATE SAM GREENBERG, Atlanta Ordnance Motor Base, Atlanta, Georgia.
MISS RUTH BRYAN, 24 North Fortieth Street, Belleville, Illinois.
B. Z. KITE, D.D.S., 6919 West Fullerton, Chicago, Illinois.

CAN YOU USE A DOLLAR?

To EVERY READER who contributes a newsworthy item, something unusual about a dentist, which is published in this department, we will send promptly a crisp, new one dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted, cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to: Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

BUY WAR BONDS AND STAMPS

Ask Oral Hygiene

Please communicate directly with the Department Editors, V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

Bleeding Gums

Q.—Here is an interesting case. The patient, a man about 52, was a heavy smoker all his life, but about six months ago he decided to stop smoking. In a month's time he noticed that his gums bled when he brushed his teeth, which he said had never happened while he smoked. He thought that there was something seriously wrong. Now, after six months, he started to smoke and his gums have stopped bleeding. Could you explain the phenomena?—J. H. W.,—South Dakota.

A.—Your case is an enigma to me. I have never observed that smokers and non-smokers show any difference in their tendency to have bleeding of the gums.

In your case it would be interesting to remove all subgingival deposits, have the patient establish a definite brushing technique and then see what happens when he stops smoking.—GEORGE R. WARNER.

Glossitis

Q.—I have just examined a most pronounced case of Erythema Migrans Linguae (Blair) and am interested in obtaining more information concerning this condition. The literature which I have on this subject is meager and so I am again imposing on your generosity in asking you about it. I am particularly anxious to find out the cause, treatment, and the possibility of this condition being indicative of some systemic condition. Is it a part of any syndrome? What, if any, significance has it in connection with one of the anemias?

The patient is white, a young man 21. His history is essentially negative and present oral and general health is good with the exception of this glossitis. There are no irritating restorations in the mouth; the eight dental restorations being all of small size and of silver alloy. They are in good condition. There is no caries.

There are no subjective symptoms. The patient was unaware of the condition until questioned and, therefore, the duration is unknown. Hahn is negative. One very pronounced ring about the size of a five-cent piece extends over the border of the tip of the tongue (slightly to the right of the median line) and continues around to the under surface. The unaffected portions of the tongue are essentially normal in appearance, except that the papillae are rather less pronounced than usual for a patient of this age, giving it a slightly smoother appearance.

I shall appreciate any information or references you may give me relative to this condition.—R. W., California.

A.—In looking up the literature on Erythema Migrans Linguae I find the best description in Prinz and Greenbaum.¹ Neither Kronfeld nor Thoma mention it. I don't have a Blair.

Prinz and Greenbaum deal with it too extensively to quote fully, but from your description of the case and an illustration in Prinz and Greenbaum I think there is no doubt about the diagnosis.

I might say that Prinz and Greenbaum give ten English names for

¹Prinz, Hermann and Greenbaum, S. S.: Disease of the Mouth and Their Treatment. Philadelphia: Lea and Febiger.

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the condition as well as the French and German designations. They say that they prefer "wandering rash" as the name and under *Etiology* say, "The etiology of wandering rash is still obscure." And then they give a great number of theories and among these they say, "In general, it may be stated that it is a local expression of a constitutional neuro-pathic anomaly."

There is nothing conclusive under *Clinical Pathology*. Under *Symptoms* it gives much the same description as you give.

Under *Prognosis* they say in part, "The prognosis of wandering rash is always favorable; it may be present for years without causing any particular symptom."

Under *Treatment* they say, "Up to the present, efforts to treat this disease have met with little success. It is claimed that roentgen rays will eradicate the disturbance. As the disease usually does not manifest any annoying symptoms, medical service is rarely solicited and, as a matter of fact, is not needed."

I hope these quotations will serve your purpose but, if you can gain access to a Prinz and Greenbaum, you might enjoy reading the whole article.—GEORGE R. WARNER.

Diseased Pulp

Q.—In your July, 1942, issue I note your answer to a question on arthritis in the temporomandibular region. You speak of causes, one especially, of a diseased vital pulp.

I have seen several thousand cases over a period of years in my practice in the mandibular joint and region, and I have examined many thousand teeth, but have yet to see a vital pulp diseased.

I have found them partly vital but never completely vital and diseased. Therefore, I should like to hear your explanation of a vital diseased pulp.—R. B., Wisconsin.

A.—What I mean by a diseased vital pulp is probably just what you have noticed in your wide experience—a tooth in which the pulp responds to vitality tests and yet is degenerating or degenerated to the point that when the tooth is removed and cracked open, the pulp will be found necrotic. In many of these cases there will not only be a normal response to various kinds of vitality tests, but there will be no roentgenographic evidence of pulp pathogenicity.

I read a paper on this subject at Houston that should be published soon.—GEORGE R. WARNER.

Cheek Biting

Q.—I am troubled with something new to me. A man of 45, who had worn two rubber dentures for ten or more years, came to me to have some new dentures made. He wore them for a while and then returned, complaining about biting his cheeks. I ground the incisal edges of the teeth, thinking this would free his buccal muscles, but to no avail. I made another set of teeth, with no better results. He returns now with the cheek muscles all thick and hard. I took him to see three other dentists, but they only made another upper and lower set of dentures and prescribed an astringent mouth wash.

Now the patient has come back showing some improvement, but the buccal muscle is still very thick. His original dentures did not cause him any trouble. He admitted today he chewed tobacco some. I asked him to go without the teeth for a week and use them only when he ate his meals.—W. R. R., Illinois.

A.—Cheek biting with dentures can usually be prevented or remedied by setting the upper molars and bicuspids to considerable overjet in relation to the lower teeth or by having the patient wear a pad in his cheek for several hours at a time several days in succession until the cheek tissue becomes accustomed to a position further out. Short sec-

tions of the largest size cotton rolls are about right for this purpose.—
V. C. SMEDLEY.

Mouth Lesions

Q.—During the past eight months I have been attending a girl, 16, who presents such a peculiar condition in the mouth and, at the same time, so puzzling that I am writing you for advice.

Every four months, almost to the day, this patient presents herself in my office with deep reddening of the interdental papillae, which does not hemorrhage on palpation. At the same time there is no soreness of the same papillae. The mucobuccal fold shows aphthous-like lesions, but I am quite sure that it is not aphthous stomatitis. The mucous membrane can be easily lifted off the lesion, and hemorrhage results. Vincent's infection smear is negative. All known treatments of herpetic stomatitis have been used and found of no value. Mepharsen and a fifty-fifty solution of Neoprontosil and Gentian Violet was also used and, although this seemed to clear up the condition, I am not positive that it was not cured of its own free will, the condition having run its course. The patient's hemoglobin is eighty by the Tallqvist scale. The patient's menstrual period runs a course of six days and all six days there is a copious flow. The lesions appear in the mouth from the fourth day of menstruation up to the seventh day after, and then will last about fifteen days. I have used internally one hundred m.g. of ascorbic acid daily for two weeks and have had the patient for the past three months taking twenty-five m.g.'s per day. But now that the condition has reappeared I be-

lieve this treatment to be of no therapeutic value.

There are few restorations in the mouth and the occlusion is good. If you can help me on a diagnosis of this case I shall once more be indebted to you. The physician of the patient called me and expressed the opinion that the condition was due to lack of iron. I am sure that you will agree that this is of little value.—O. A. W., New York.

A.—This case is so unusual that I have asked help from an eminent obstetrician; but while the gum condition seems to be at least indirectly connected with the menstrual period of the patient, and therefore with the endocrine gland system, my medical associate can give us no help.

We could connect the condition more closely with the menstrual period were it not for the fact that the change in the gingival tissue occurs only once in four months.

From what you report as to the general physical condition it would seem that it is good.

The periodicity of the local condition makes it appear that it is not purely local; that it is not an ordinary gingivitis.

While I can't give you any help in your case I hope that perhaps some of our readers can.

I am bearing the case in mind and if I can learn of anything that will help you I will write you at once.—GEORGE R. WARNER.



ADDRESS CHANGES

WHEN YOU ADVISE us of any change in address please give us your old address, as well as the new. Such changes should reach us by the eighth of the month to affect the following month's issue. Otherwise, the change may not be effective until the second following month.

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What is YOUR DIAGNOSIS?

Conducted by George R. Warner, D.D.S., M.D.

Case Report X

Statement: The patient is a woman, 27, in excellent health. She is noticeably overweight. A B.M.R. gives a reading of minus 10. Blood and urine analysis shows an imbalance in the calcium-phosphorus ratio. Her diet has been generally adequate except that she has never drunk milk.



Case Report XI

Statement: This patient had had no local discomfort and this condition was discovered in a routine examination.



Case Report XII

Statement: The maxillary central incisor responds negatively to vitality tests. The tooth is perfectly comfortable and the man is in excellent health.

DO NOT TURN THIS PAGE UNTIL YOU HAVE MADE YOUR DIAGNOSIS

Solutions to Case Reports Shown on Preceding Page

Case Report X

Solution: As shown by the roentgenogram, the enamel is almost entirely gone except subgingivally and interproximally. The condition obtains over the entire mouth.

Case Report XI

Solution: Cyst, probably of the radicular type, because the patient remembers only that a tooth was removed from this region some years previously.

Case Report XII

Solution: This is a post-orthodontic obliteration of the pulp canal. If teeth are moved a little too rapidly or are otherwise traumatized, there is occasionally a complete obliteration of the pulp canal. This tooth is not believed to be pathologic.

Please send interesting roentgenograms and case histories to George R. Warner, M.D., D.D.S., 1206 Republic Building, Denver, Colorado.

If You Can Write You Can Make \$100

Among the thousands of dentists on our mailing list there are many human interest stories that should be told.

Among the dentists, dental assistants, dental hygienists, and the public interested in dentistry there must be many persons who have the literary talent and the interest to tell these stories.

Among the thousands of dentists in the profession there are many problems of dental practice, and some solution to these problems. There are many points of view to be expressed concerning changes in dental life during the war period. Among the dentists in military service there are interesting experiences to be told.

ORAL HYGIENE is the dental journal that seeks to uncover these human interest stories, these problems in dental practice, these points of view on dental life—and bring them to the light of publication.

ORAL HYGIENE, to stimulate writing in the dental field, offers to make substantial literary payments to writers on non-technical dental subjects.

Each month ORAL HYGIENE will pay \$100 for the best article accepted for publication and will pay for all other manuscripts accepted, at a liberal word rate.

All articles must have a dental angle. First consideration will go to specific articles.

Please proceed as follows:

1. Do not write any article longer than 1500 words.
2. Do not attempt to be too "literary." Report your experiences or those of somebody else simply and directly. We are interested in the facts and the substance, not the literary flourishes.

3. Your manuscripts should be typewritten, double-spaced, and sent with return postage.

If you have good pictures or drawings to illustrate the article—fine!

Everyone has a story to tell. Don't hesitate. Write your article now. Send it to:

Edward J. Ryan, D.D.S.
Editor, ORAL HYGIENE
708 Church Street
Evanston, Illinois

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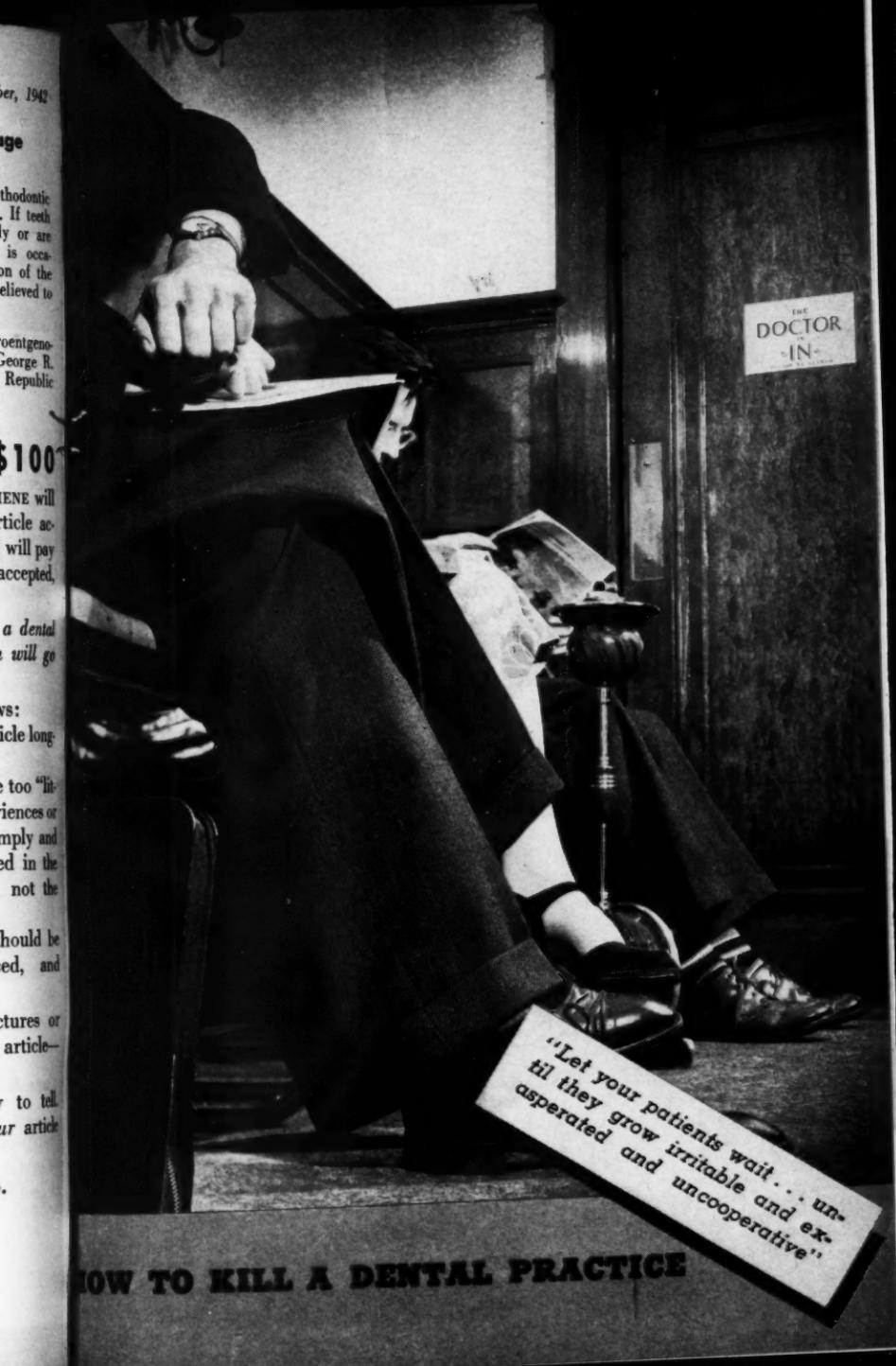
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HOW TO KILL A DENTAL PRACTICE

"Let your patients wait... un-
til they grow irritable and ex-
asperated and uncooperative"





Conducted by W. EARLE CRAIG, D.D.S.

Drawings by Dorothy Sterling

CASE B



1

Patient presents with lingual wall of upper molar broken off, and M.O.D. filling in position.



LINGUAL

2

Remove filling and prepare the tooth. Refer to page 1656 for details of procedure.



3

Casting in position.

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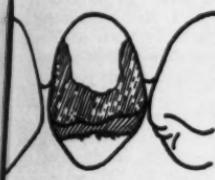
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The Use of Pins In Restorative Dentistry

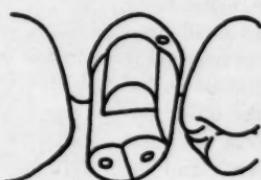
By Benjamin Perlow, D.D.S.

CASE A



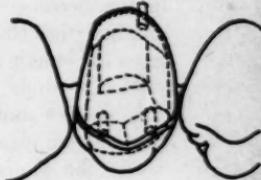
1

Patient presents with the buccal wall of an upper bicuspид broken, usually with an M.O.D. inlay or amalgam filling in position.



2

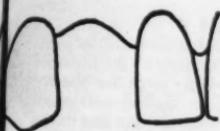
Remove filling and prepare tooth. Drill post holes, insert pins, wax case, and cut away buccal surface. (Procedure is explained in detail on the following page.)



3

Casting is cemented and ready to receive silicate, porcelain, or acrylic window.

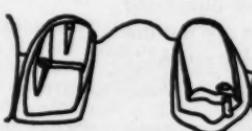
CASE C



BUCCAL

1

Patient presents with upper cuspid missing. Restoration: porcelain incisal pontic with modified $\frac{3}{4}$ crown abutments on lateral and first bicuspids.



LINGUAL

2

Prepare the teeth, following the procedure given in detail on the following page.



3

The finished bridge in position. There is very little gold, if any, visible.

(Continued on page 1656)

Technique of the Month

(Continued from page 1655)

The Use of Pins in Restorative Dentistry

By Benjamin Perlow, D.D.S.

In the past, the use of pins was limited because of the difficulty of manipulation (cutting a small piece from the length of wire, bending it so that it would be retained in the wax pattern and in the gold, getting enough clearance at the point where the pin was bent) and the frequent failure of the pins to cast properly.

The introduction of a technique which overcomes these objectionable features opens up a larger field for the use of pins: in cases where it is necessary to get maximum retention and yet remove only a minimum of tooth structure; to restore broken walls of vital teeth; to secure added retention for $\frac{3}{4}$ crowns on short teeth; to avoid the use of gold on the labial or buccal surface of modified $\frac{3}{4}$ crowns; to gain added retention for porcelain and acrylic inlays. The cases illustrated on the preceding pages are not uncommon in any general practice.

Procedure in CASE A

Remove filling. Make cuts on mesial and distal. Bevel the lingual portion of the occlusal surface to obtain clearance with occluding teeth. Fill undercuts with cement.

With a No. 1 round bur, drill three post holes as illustrated. These holes

will be just large enough to accommodate a 2½ gauge pin (.028" in diameter). Post holes should be $1/16"$ to $\frac{1}{8}$ " deep, as close to the latter as possible. The post hole on the buccal should be placed at the disto-buccal angle. Insert pins and wax the case.

Trim away the entire buccal surface with the exception of a thin strip at the occlusal and just enough in the gingival region of the disto-buccal angle to hold the buccal pin. This will allow the placing of a silicate, porcelain, or acrylic window after the casting is cemented.

In the finished restoration, while the entire occlusal surface is gold, the only metal visible from the buccal aspect is the thin edge at the occlusal and what looks like a very small gingival filling at the disto-buccal angle.

Procedure in CASE B

Preparation is similar to that described for Case A. Because there is usually a lingual bulge above the gingival of the lingual root, the lingual post hole should not be positioned in the exact mesio-distal center, but either slightly to the mesial or to the distal of the center to lessen the danger of drilling into the pulp.

Procedure in CASE C

Prepare the distal surface of the lateral and the mesial surface of the bicuspid in typical $\frac{3}{4}$ fashion except for the cut on the lateral which should not go all the way up to the incisal edge and out to the labial but come just incisally and labially to the contact point, and the cut on the bicuspid which should not go all the way up to the occlusal and out to the buccal but come just occlusally and buccally to the contact point.

If you are interested in a particular technique and would like to have it included in this series, please write to W. Earle Craig, D.D.S., 1005 Liberty Avenue, Pittsburgh, Pennsylvania.

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TO MEN IN SERVICE

IF YOU ARE now serving with our armed forces or expect to be inducted into service, remember that we want ORAL HYGIENE to follow you wherever you go. To be sure you won't miss an issue, send us your new address (and your former one), giving specific details about the part of the service into which you have been inducted, and we'll see that you receive the magazine regularly.

DENTAL EXPENSES DEDUCTIBLE

THE REVENUE ACT of 1942 has been amended to permit deductions to be made from net income for dental, medical, and hospital expenses, as long advocated by ORAL HYGIENE.¹ when such expenses exceed 5 per cent of the "aggregate net income of . . . husband and wife," if a joint return is filed; or when the expenses exceed 5 per cent of the net income of the taxpayer who files a separate return.²

In the event of a joint return, the "maximum deduction for the taxable year shall be not in excess of \$2,500 in the case of such husband and wife." When a separate return is filed, the maximum deduction permitted under this amendment to the Revenue Act is \$2,500 in the case of the head of a family, and not more than \$1,250 in the case of other individuals.

The object of this amendment is to relieve the taxpayer to a certain extent from being taxed on income that has been previously spent for "extraordinary medical expenses."

According to present interpretations of the law, all expenses for the "diagnosis, cure, mitigation, treatment, or prevention of disease" for all members of the family may be considered in the aggregate when determining the deduction. Likewise, amounts paid for accident, health, group hospital insurance are considered deductible items under this new section of the Revenue Act.

¹Bone, Homer T.: Senator Bone Explains Income Tax Bill, *Oral Hygiene* 27:1484 (November), 1937.

²Revenue Act of 1942, H.R. 7378, Public Law 753, Sections 22, 23 and 24.

BUY WAR BONDS AND STAMPS

1942
1070
1209
1344
1496
1644

AN APOLOGY AND EXPLANATION To The Dental Profession

Due largely to recommendations by Dentists, over 1,250,000 Clean-Be-Tween Toothbrushes have already been purchased to facilitate more effective oral hygiene in the home. Primarily responsible for this widespread endorsement by the profession is the patented design of the Clean-Be-Tween handle which permits easy adjustment of the brush-head to any angle.

As it happens, the only material suitable for incorporating this unique adjustable feature is a nickel silver alloy. Now the War Production Board has ruled that our former supply of nickel silver must be diverted to the production of war goods.

The result is we have had to stop making Clean-Be-Tween *handles* and, after present retail stocks are exhausted, no more are likely to be available for the duration.

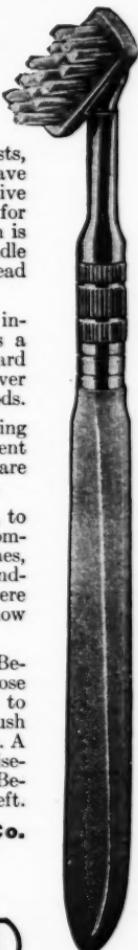
Possibly some of your own patients, to whom you may recently have recommended Clean-Be-Tween Toothbrushes, have already experienced difficulty in finding them. We hereby express our sincere regret for such situations which are now beyond our control due to the war.

Meanwhile, the *refills* for Clean-Be-Tween are still available. Therefore those who now own handles may continue to receive the advantages of the one brush that is adjustable to all dental surfaces. A reprint of one of our consumer advertisements urging proper care of the Clean-Be-Tween for longer service appears at the left.

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Laffodontia

"So your husband was tall, dark and handsome?"

"Oh, yes! My first was tall, my second was dark and my third was very handsome!"



Man on Beach: "I'm trying to find out which one of you fellows saved my mother-in-law's life."

Lifeguards: "Control yourself, pal. We're four to your one."



Little Willie, exhibiting his skill in riding a new bicycle, came down the street in front of his home: "Look, Mama!" he cried, folding his arms, "no hands!"

Again, he came into view, this time coasting, with his feet off the pedals: "Look, Mama! no feet!"

Half an hour passed and Little Willie again put in his appearance. This time, somewhat subdued, he gurgled: "Look, Mama! no teeth!"



Ted: "My feet burn like blazes. Do you think a mustard bath would help?"

Ned: "Sure! There's nothing like a little mustard on hot dogs."



Pretty Steno: "Could I have my next week's salary in advance?"

Boss: "No, my wife made me promise not to make any advances to you."

Recently, when the Russians alone seemed to be stopping Hitler, an Englishman, on a train out of London, looked up from his paper and said:

"We don't seem to be doing badly."

A gloomy fellow passenger glanced toward him:

"You speak English very well," he said, "for a Russian."



Gob: "Do you think kissing is unhealthy?"

Cute Thing: "It would be right now. My husband is looking."



Visitor: "You don't mean to tell me that you have lived in this out-of-the-way place for 30 years?"

Brushville Citizen: "I have."

Visitor: "But, really, I cannot see what you can find to keep you busy."

Brushville Citizen: "Neither can I—that's why I like it."



As a traveling man was paying his bill at the hotel before checking out, he asked the cashier what it was she had around her neck. "Why a ribbon—what did you suppose?"

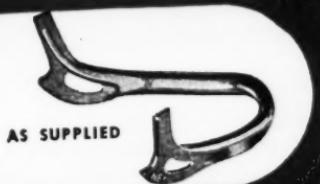
Salesman: "Well, with everything else so high here, I thought it might be your garter."

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American Can Company, 230 Park Avenue, New York, N. Y.

(1) 1938, Nutrition Abstracts and Reviews 8, 281
(2) 1939, Food and Life: Yearbook of Agriculture
U. S. Dept. of Agriculture, U. S. Gov't
Printing Office, Washington, D. C.



The Seal of Acceptance denotes that the nutritional statements in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.

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*J.A.M.A., 93:1110—October 12, 1929

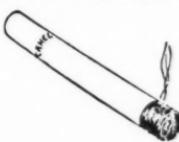
Brückner, H. — *Die Biochemie des Tabaks, 1936*

The Military Surgeon, Vol. 89, No. 1, p. 5, July, 1941

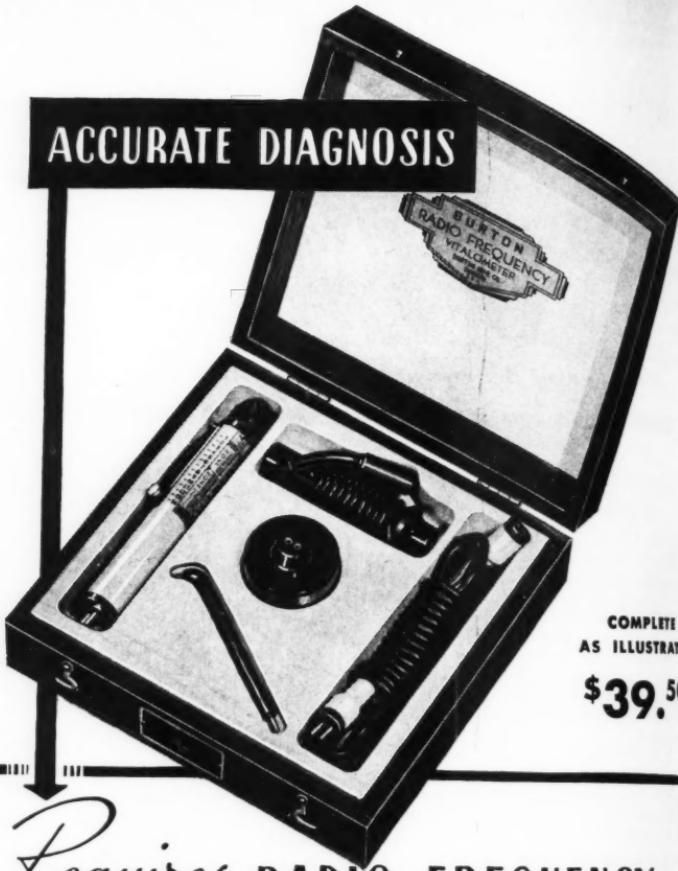
"THE CIGARETTE, THE SOLDIER, AND THE PHYSICIAN," The Military Surgeon, July, 1941. Reprint available. Write Camel Cigarettes, Medical Relations Division, 1 Pershing Square, New York City.



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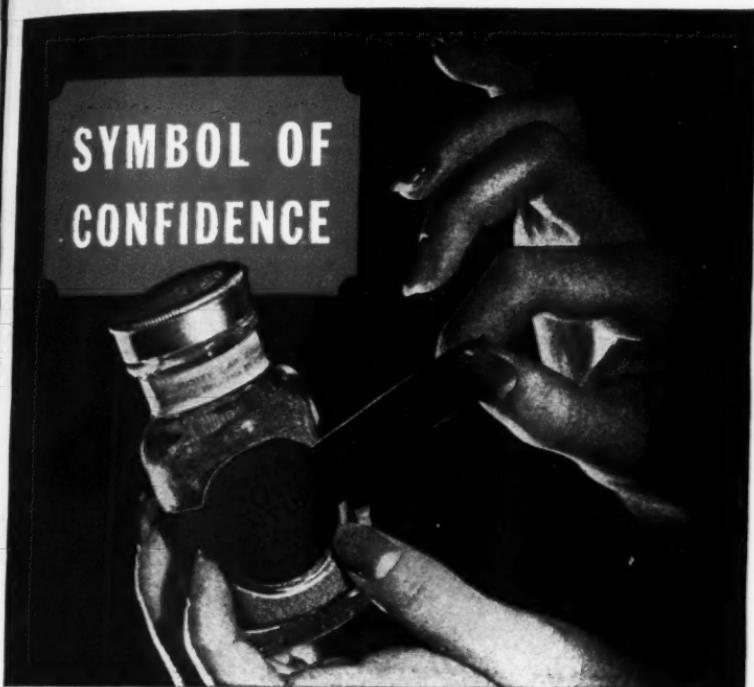
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NEW TEEL TECHNIQUE BRIGHTENS SAFELY, SO.

WHY LET PATIENTS DO THIS TO THEIR TEETH



IN THEIR EFFORT to get teeth bright, here's what millions of patients are doing to their teeth. According to clinical studies at a leading research foundation clinic, abrasive action of leading toothpastes and powders actually cut "grooves" into the dentin exposed by gingival recession. (See report at right.) But the new TEEL technique avoids this danger . . . and overcomes "stain" problem, too.

[These two pages summarize recent findings, important to the entire dental profession. The statements relative to abrasion are not to be taken as expressions of the manufacturers of TEEL...but are interpretations of statements and findings made by recognized dental authorities.]

RECENT studies show that about 20% of all patients are troubled by a little-known, tenacious growth which accumulates on the tooth enamel.

It is a bacteria-free protein substance having properties similar to keratin, and builds up gradually over a period of weeks.

In some individuals, this sub-

stance is a pale yellow, while in others it is darker, even gradually assuming a brownish cast. Lack of abrasive action permits this growth to develop — causing surface "stain". To remove this "stain" all popular toothpastes and powders are made with abrasives. *Therein lies the danger.*

Used daily, these abrasives can

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gradually grind grooves into the softer calcified parts of teeth exposed by gingival recession.

This fact has been definitely established by laboratory tests and also by clinical work at one of the foremost research foundations in America.

New TEEL Oral Hygiene Removes Stain Safely

Unlike other dentifrices, TEEL contains no abrasives.

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This, however, is one of TEEL's greatest advantages . . . because the new TEEL technique does remove this growth . . . and does it safely as no other leading dentifrice can.

This new technique consists of:

1. **Twice Daily**—brushing the teeth with TEEL; a few drops on dry or moist brush. Provides daily hygiene with no abrasion.
2. **Weekly**—brushing teeth for at least one extra minute with plain baking soda on brush moistened with TEEL. Necessary abrasive action (each week) to remove surface "stain".

This new TEEL technique provides the required abrasive action

to get teeth bright—but *no needless daily abrasion*.

The manufacturers of TEEL respectfully urge dentists to acquaint themselves with this safe, efficient method of home oral hygiene. Samples of TEEL and detailed reports of the scientific studies upon which TEEL and the new TEEL technique are based will gladly be sent without charge. Requests may be addressed to DEPT. OF DENTAL RESEARCH, PROCTER & GAMBLE, CINCINNATI, OHIO.

CAUSE OF GUMLINE "GROOVES" DISCLOSED

Recent studies at a leading Research Foundation clinic disclosed these facts:^{*}

OF ALL PATIENTS EXAMINED, REGULARLY BRUSHING TEETH WITH POPULAR TOOTHPASTES AND POWDERS, 58% ACTUALLY BRUSHED CAVITIES INTO CALCIFIED PARTS OF TEETH, EXPOSED BY RECEDED GUMS; THIS DAMAGE RESULTED FROM ABRASIVES IN THE TOOTHPASTES AND POWDERS; AND 8 IN 10 RUN THIS RISK CONSTANTLY.

—(*Journal of Dental Research*, 20: 565-81, Dec. '41)



* In the interest of better home oral hygiene, this message in popular form, is being carried to the public through national magazine advertising.

THE PROCTER & GAMBLE COMPANY

Cincinnati, Ohio, U. S. A.



The Promise of a *Happy* *Tomorrow*

To some child this cherished Christmas Eve custom will mean a happy tomorrow. To others—with friends and relatives far away from home—"a happy tomorrow" assumes a deeper significance. It must wait until homes and firesides are once again made safe . . . until freedom for all people is not only a hope but a reality.

The Squibb Laboratories are strenuously engaged in making available a host of preparations for the armed services and for the civilian population . . . preparations that also give promise of "a happy tomorrow," since they help in the saving of lives, the fight against disease, the alleviation of suffering and the restoration of health.

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SHOW YOUR PATIENT THE ALVEOLAR

EYES CHANGE RAPIDLY

as every eye glass wearer knows but no more rapidly than MOUTH TISSUES CHANGE as every denture wearer should know



Figure 1
Eyeglasses do not change.



Figure 2
Dentures do not change.



Figure 3
But eyes do change. So eyeglasses that may fit perfectly now will gradually proper focus a year from now, the result being eye strain and loss of vision, and possibly headaches, stomach trouble, or other health disturbances.



Figure 4
But mouth tissues do change. So the denture that fits perfectly one year in a few years become loose, the result being irritation and discomfort, painful destruction of gum tissue and loss of masticating efficiency.

To protect the health and efficiency of their eyes, persons wearing eyeglasses should have their eyes periodically examined and treated either with new lenses or old lenses reground.

MOUTH TISSUES CHANGE...SEE YOUR DENTIST



FASTEETH
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PATIENTS THE SIMPLE FACTS ABOUT DENTURE RESORPTION

A few educational illustrations about alveolar resorption such as those reproduced on the opposite page can mean a big plus to your practice.

Denture Closeups includes the eyeglass analogy and other descriptive material to aid in showing patients why a return to their dentists is necessary for readaptation.

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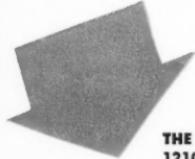
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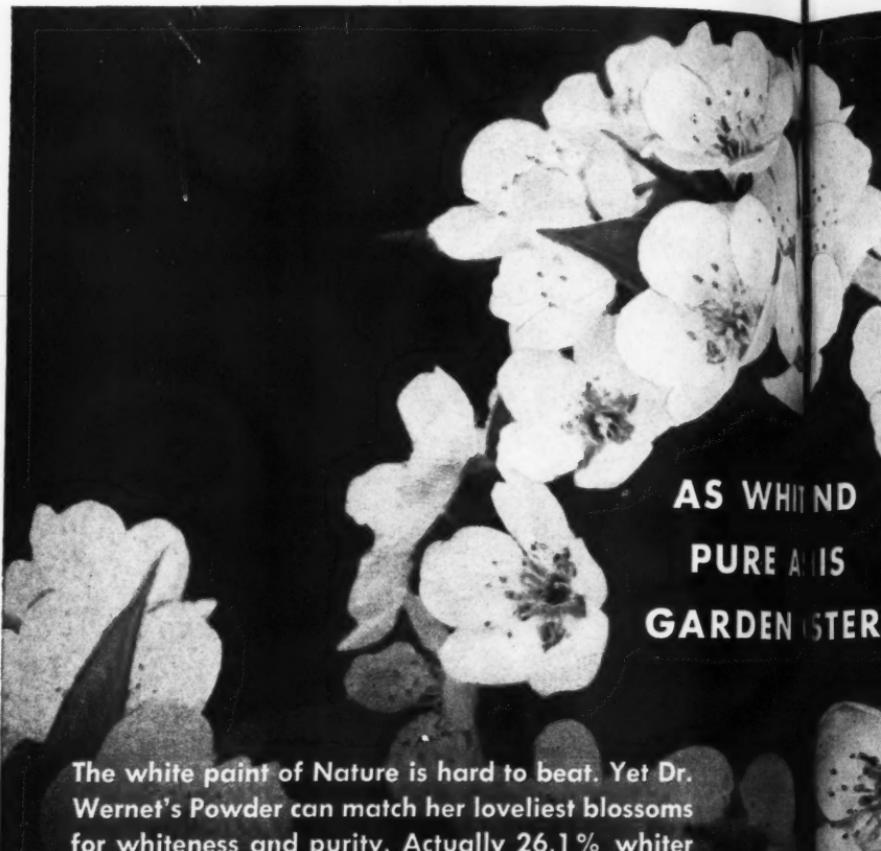
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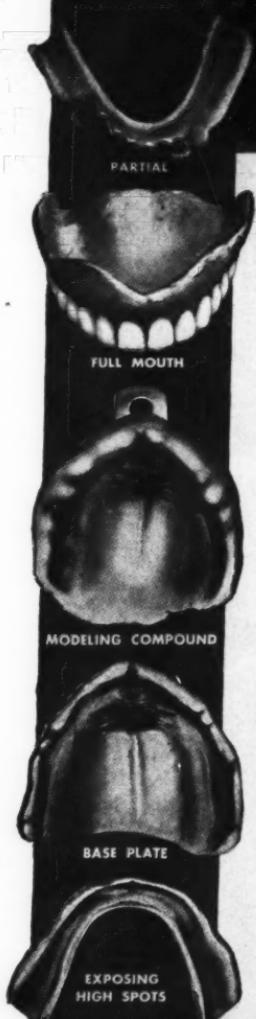
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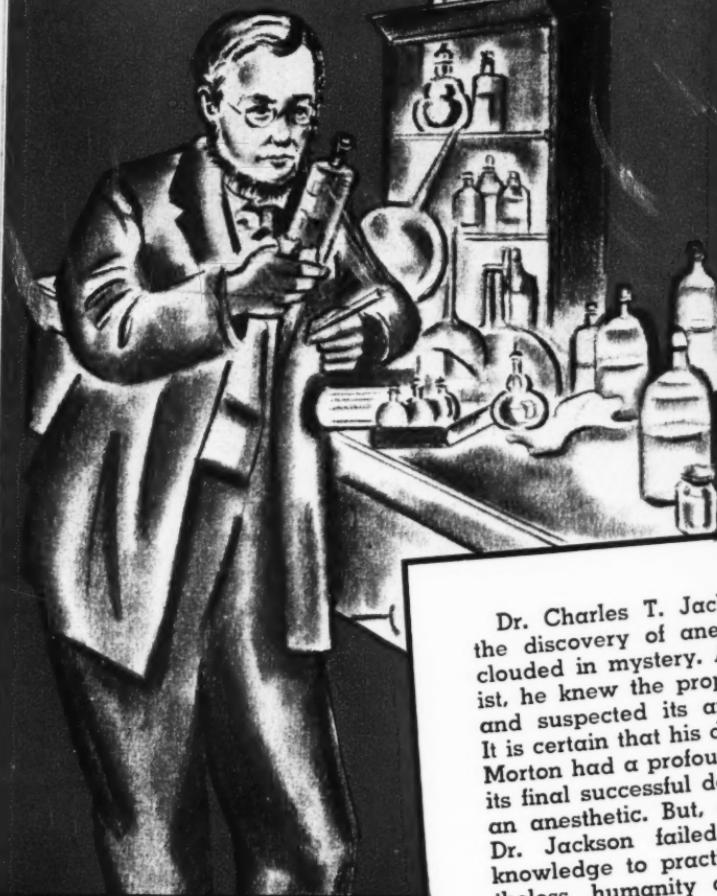


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Dr. Charles T. Jackson's part in the discovery of anesthesia is still clouded in mystery. A noted chemist, he knew the properties of ether and suspected its analgesic effect. It is certain that his discussions with Morton had a profound influence on its final successful demonstration as an anesthetic. But, as a physician, Dr. Jackson failed to apply his knowledge to practical use. Nevertheless, humanity owes him much for his contribution to the discovery of anesthesia. Together with Priestley, Hickman, Long, Wells and Morton, Dr. Jackson was also "Man Against Pain".

Man Against Pain

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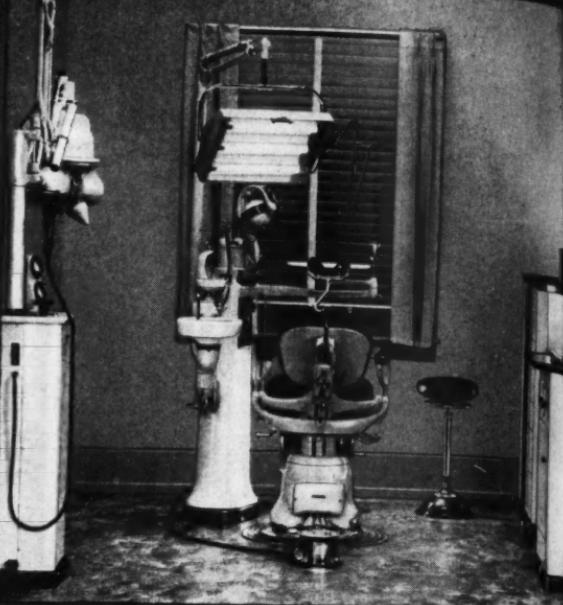


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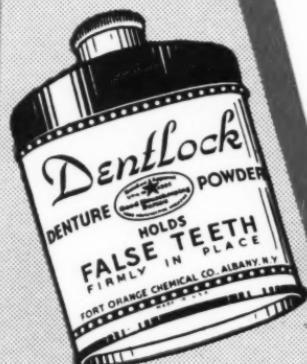
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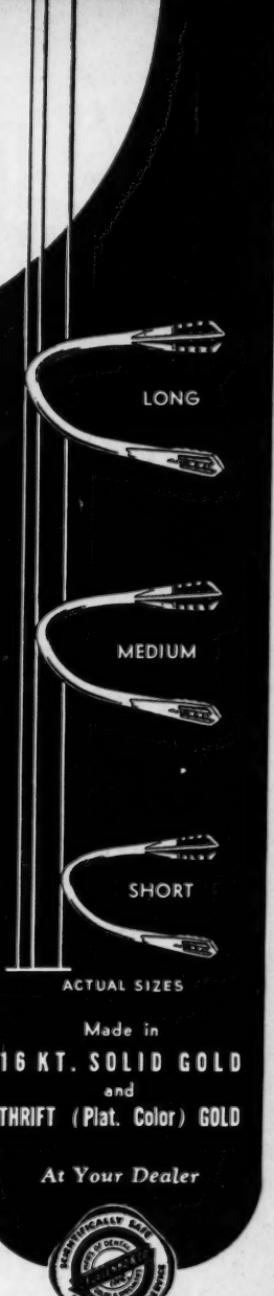
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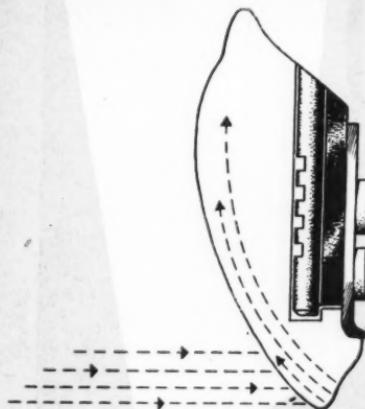
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CDX takes extra wartime work in stride

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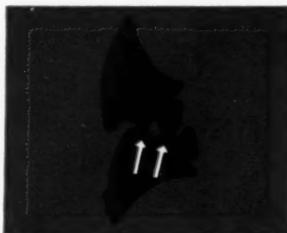
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The relationship between
Dental Caries and Rickets
indicates the value of

VITAMIN D FOODS

in protecting Tooth Health



There is inescapable evidence of the relationship between dental caries and rickets in children. Revelation of 25 per cent increase in tooth decay in March, and the higher incidence of both dental caries and rickets in regions north of 40° north latitude, indicate that maintenance of tooth health largely depends upon the adequacy of calcium and phosphorus...and upon Vitamin D, which is needed to make these minerals more available.

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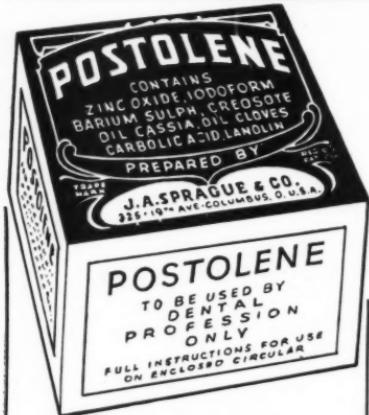
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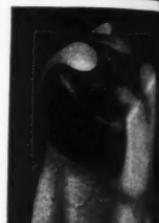
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This is a definitely superior gold for M. O. D. and simple inlays, $\frac{3}{4}$ crowns, pontics and posterior abutments. It's hard, at the same time it is burnishable, a desirable combination of properties.

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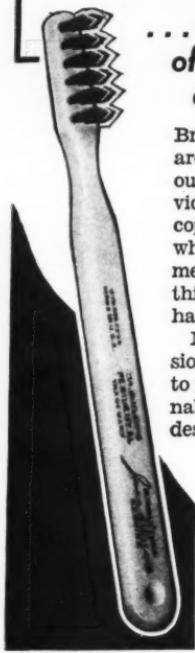
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*... the original
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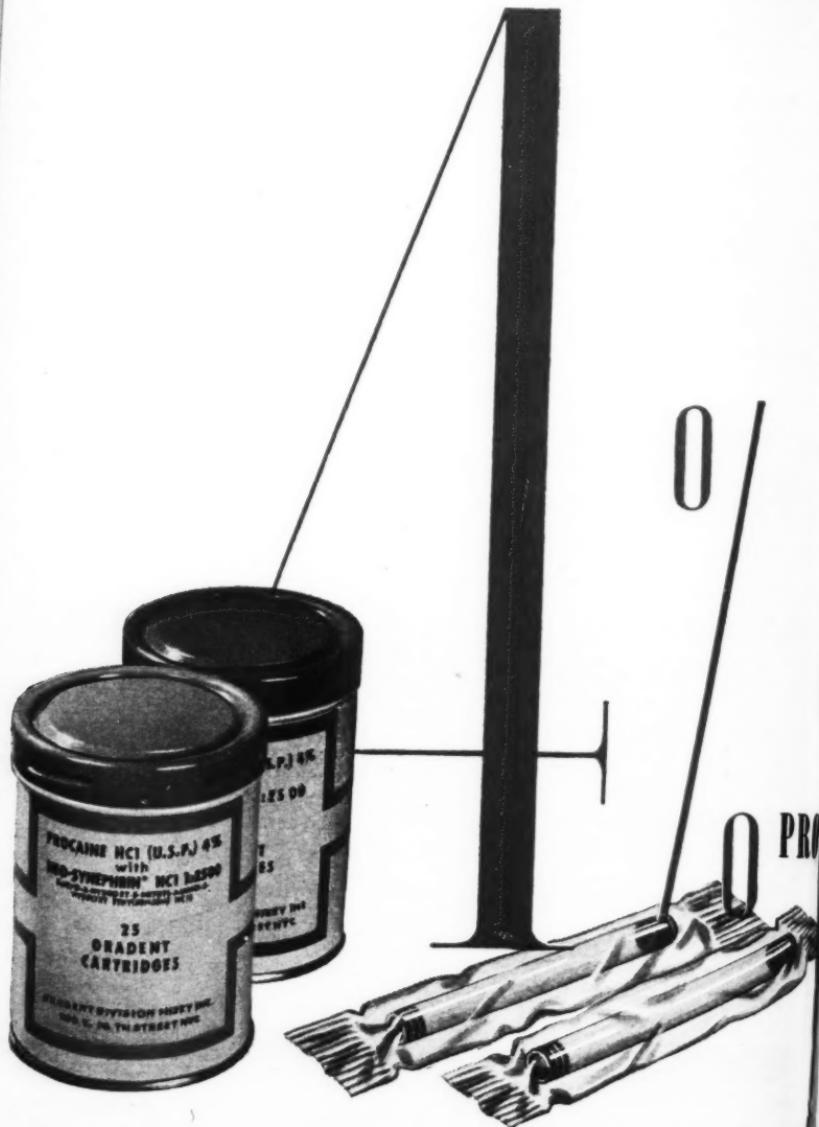
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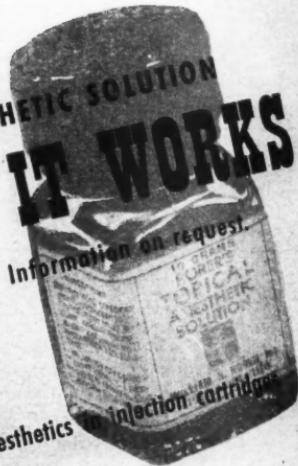
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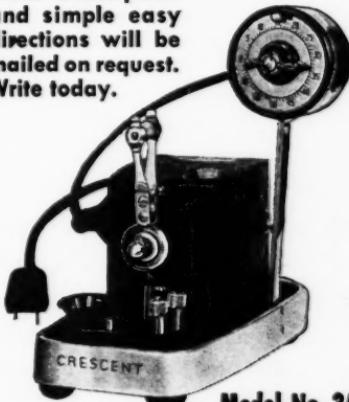
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You may send me a copy of your Free Booklet about Silvoden, Oxy-eugenol Silver.

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**DOCTOR,
LESS PAIN -
MORE
PRACTICE!**



Increasing numbers of Dentists are learning, in practical use, the merits of NOVOTHESIA (Dicks). Its pain-reducing power is appreciated by all patients — young and old. It replaces dread with confidence.

NOVOTHESIA (Dicks)

is a non-toxic local anesthetic; it produces complete numbness when placed on mucous surfaces. Will kill germs in 15 seconds with no harm to tissues. Write for your free sample; it will demonstrate our claims.

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COTTON ROLLS

These improved cotton rolls are a delight to the efficient dentist and are not harsh to the patient's mouth. They are actually spun from 100% pure surgical absorbent cotton to make them softer, more pliant and non-collapsible. They adopt easily into any position, are stretchable and small tufts are quickly detachable.

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Gentlemen -

Please send me a free, generous sample of "SUPER ABSORBENT" ROLLS.

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It is with pride that the Proco-Sol Chemical Company supplies the dentists of the armed forces of the United States with Procaine Solutions. Proco-Sol scientifically-controlled local anesthetics have met all necessary requirements.

Join the VICTORY FORCES WHO ARE USING
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Place a trial order today
order a box or a vacuum tin of
cartridges . . . be sure to specify
"Proco-Sol" Procaine with Neo-
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Many dentists adopt Vapoform Therapy after using it successfully on cases which did not respond to other treatments.

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Fill-in and mail the coupon for full details about this efficient therapy.

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Please mail me complete details about Vapoform Therapy and how I can test it without obligation.

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Crescent Stopping



- MADE OF BEST GUTTA PERCHA
- IS NOT MEDICATED
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PROMOTE TOOTH CONSCIOUSNESS Encourage More People To Care For Their Teeth

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SPECIAL FOR MASSAGE BRUSHING

PREPARATION—CALSODENT— contains no abrasives, no soap, no sodium perborate. A capful of Calsodent makes a glassful of solution. Used as a brushing dip, makes massage brushing pleasant; removes debris from brush; "cuts" mucin; indicates and neutralizes mouth acid; has tonic effect upon gingivae. Solution also acts as most effective mouthwash.

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2/3 OFF
5 KITS for
\$1.00



SPECIAL OFFER—less than cost for materials you need for instructing patients in proper brushing methods or for giving chair massage treatments. \$3.00 value for \$1.00! Each kit contains a 50¢ Calsodent Brush especially made for massage brushing and a 10¢ bottle of Calsodent that makes 2½ quarts of massage brushing solution. At this price, no more than 30 kits at a time.

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Please send me: 5 Kits; 10 Kits; 20 Kits;
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Check enclosed Send G. O. D.

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Also send me FREE your manual for dentists
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THE LONELINESS OF PAIN

The first human cry in the wilderness was to summon help for the relief of pain. Today, the first mission of medicine is still to ease the acute discomfort of pain.

In the service of pain-relief, Peralga gives unusual satisfaction. Combining the pain-relieving properties of acetophenetidin and acetylsalicylic acid with the sedative action of barbital, Peralga not only mitigates promptly the suffering from headache, migraine, neuralgia, dysmenorrhea, earache and other painful conditions, but also quiets the attendant nervous symptoms without causing incapacitating drowsiness.

For prompt and sustained analgesic action with a mild sedative effect, try Peralga. A complimentary supply will be gladly sent you.

Peralga, 7-grain tablets, is available in boxes of 6, 12, 50, 100 and 500; powder in bottles of $\frac{1}{2}$ and 1 ounce.

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TO DENTISTS

Give this PYCOPÉ Junior Dental Kit to your



CHILD PATIENTS



You can now obtain PYCOPÉ Junior Dental Kits in attractive Xmas boxes. They are ideal holiday gifts for your younger patients. Each kit contains two famous PYCOPÉ products—PYCOPÉ Junior Brush, and a sample tube of PYCOPÉ Tooth Powder.

The PYCOPÉ Junior Brush has the same small, professionally designed head as the well known adult-size PYCOPÉ Brush. The head contains

six rows of natural bristles, two tufts to a row. Bristles are of medium texture, correct for children's gums.

Brushes come in assorted colors to the dozen. If you care to add 75¢ to the total amount of your order, we will gladly print your name in gold on each brush handle. Convenient mailing cartons available at 10¢ a dozen, extra.

Send your order in today!

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Please send me _____ PYCOPÉ Junior Dental Kits Xmas Pack
@ \$1.30 a doz. (\$12.50 a gross)
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Also for an additional 75¢ print my name on handle
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Please enclose professional card or letterhead



Treat in
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A unique and convenient method of professional sampling. The card contains the POLORIS formula and an outline of conditions where counter-irritation is indicated.

Pain of erupting third molar can usually be relieved more promptly by mild **local** counter-irritation, than when treated systemically or otherwise. Mild counter-irritation stimulates capillary activity, allowing blood to flow more freely through the congested tissues, thus relieving painful tension. The results can be observed. Counter-irritation will also usually relieve pain associated with pericementitis, gum irritation, abscess, post-extraction and root canal therapy. Poloris provides this mild counter-irritation in a safe and easily applied manner.

For FREE SUPPLY of these practice-building products, send your card or letterhead to Poloris Co., Inc., Dept. Y-1, 12 High Street, Jersey City, N. J.

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One of the many uses for POLORIS
(see reverse side for other information)

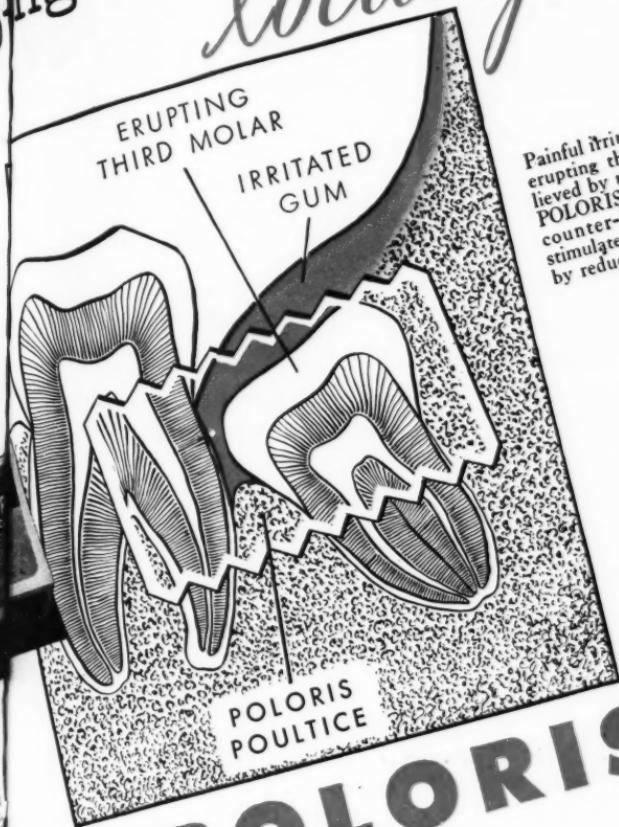
ALLAYING PAIN OF ERUPTING THIRD MOLAR

Painful irritation caused by erupting third molar is relieved by the application of Poloris. Its counter-irritant action stimulates circulation thereby reducing tension. In cases where swelling prevents application of Poloris in its liquid form, apply between the incisor teeth. Irritation over the mental foramen provides the necessary relief action.

NOTE ON DISTRIBUTING THESE ENVELOPES
Poloris are ready for temporary pain relief at an average cost of \$1.00 per envelope. They are distributed from centers of dental supply and medical supply houses. Distributors are advised to keep a sufficient stock on hand. Many dentists prefer to buy their Poloris in quantities of 100 or more envelopes at a time.



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upng third molar
locally



Painful irritation caused by
erupting third molar is re-
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POLORIS. Its mild **local**
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A HIGH QUALITY MATERIAL AT A LOW PRICE

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Single units.....	\$ 1.30	Cost per unit.....	\$ 1.30
50 unit lots.....	57.50	Cost per unit.....	1.15
1 Lb.....	14.50	Cost per unit.....	.60
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The introduction of Aspirin by Bayer made the relief of ordinary aches and pains a simple, effective and economical procedure.

In the safe relief of dental pain, Bayer-Tablets of Aspirin now enjoys a record of more than 40 years' service.

Because of the special tabletting process, Bayer Aspirin disintegrates rapidly in the stomach, thereby encouraging prompt, therapeutic action.

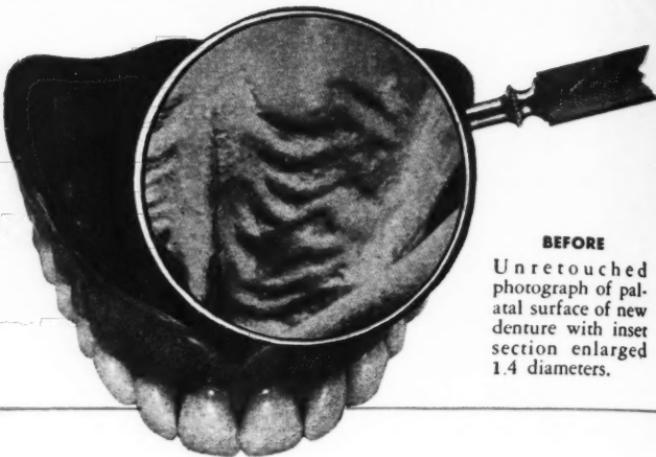
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BEFORE

Unretouched photograph of palatal surface of new denture with inset section enlarged 1.4 diameters.

Abrasive Action DESTROY DENTURE

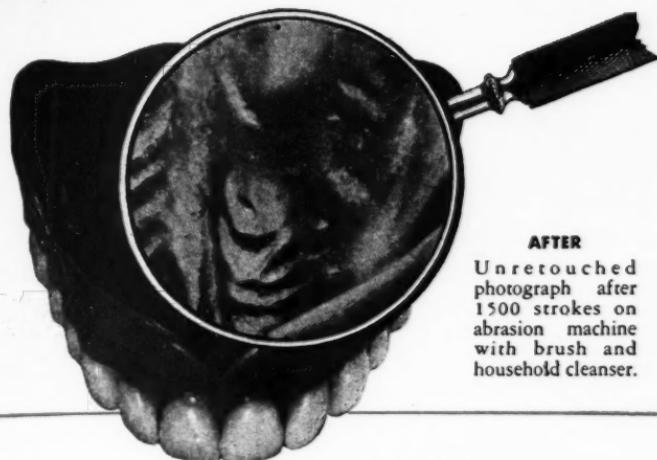
ACTUAL PHOTOGRAPHS SHOWING ABRASION OF DENTURE MATERIAL AFTER 5,000 BRUSH-STROKES . . . USING:

HOUSEHOLD CLEANSER

POPULAR TOOTH POWDER

POPULAR TOOTHPASTE

BRUSH ALONE



AFTER

Unretouched photograph after
1500 strokes on
abrasion machine
with brush and
household cleanser.

of BRUSHING may FIT... New Tests Reveal

Household Cleansers, Most Dentifrices,
Even Brushing With Soap and Water Destroys Surfaces
Vital to Perfect Suction

The destructive effects of cleaning full dentures by common brushing methods are revealed graphically by this series of tests on vulcanite and acrylic denture materials—materials softer than dentine.

In above photograph, 1500 strokes and—in each case in box, at left, 5000 strokes—produced the damaging results shown in these magnified photographs. Vital convolutions and surfaces essential for correct fit and comfort were worn away . . . nullifying the painstaking

work of the prosthodontist.

These tests show clearly why thousands of dentists prescribe POLIDENT for cleaning all plates and removable bridges. POLIDENT *dissolves* mucin, tarnish, food-debris . . . *soaks* dentures clean, sweet and pure without danger from harsh abrasives or acids.

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The SAFE brushless cleanser



Approved and recommended by leading makers of Acrylic Resin.

"RINSE, PLEASE!"



A rinse with Vince leaves the mouth feeling so delightfully refreshed and clean that a good many dentists now use it regularly at the chair . . . after extractions, cleaning, scaling, drilling and other procedures where debris must be removed.

Vince is a many-sided oxygen anti-septic and detergent. As a therapeutic aid for office use, especially in the treatment of "trench mouth," it has found wide professional acceptance. As a mouthwash, gargle or dentifrice for home use under professional direction, Vince has qualified through years of service.

* VINCE is supplied in tins of 2, 5, and 16 ounces.
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For Active Dentists!



When busy afternoons find you "out on your feet", you'll realize why Wright Arch Preserver Shoes are called "Essential for Active Dentists". Aching muscles and jumpy nerves are readily traceable to working long hours on your feet. Let the four exclusive construction features of Wright Arch Preserver Shoes keep you from tiring under pressure, give you perfect working comfort. Write today for name of nearest dealer and colorful style folder. E. T. Wright & Co., Inc., Dept. O-12, Rockland, Mass.

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4 PATENTED COMFORT FEATURES

1. Patented Shank
2. Metatarsal Raise
3. Flat Forepart
4. Correct Arch Fitting

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YOU WILL WANT TO USE
CERTIFIED ENAMEL
—Improved

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Every batch of Certified Enamel Improved is subjected to a series of at least six rigid tests before it is released to the profession.

These tests for consistency, setting time, opacity, compressive strength, disintegration and arsenic content are conducted under recommended procedures and conditions as set up by the American Dental

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In complying with A.D.A. Specifications Lee Smith has endeavored to produce a silicate cement whose physical properties approach the optimum rather than the minimum requirements.

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WHATEVER casting technic you may use, there are three vitally important reasons why you should standardize on Kerr Cristobalite as your investment:—

1—Precision! Cristobalite is the only investment whose factor of shrinkage exactly equals that of your casting gold.

2—Conservation! Containing no chlorides, Cristobalite has no destructive effect on your casting rings, or on the delicate nichrome elements of your furnace.

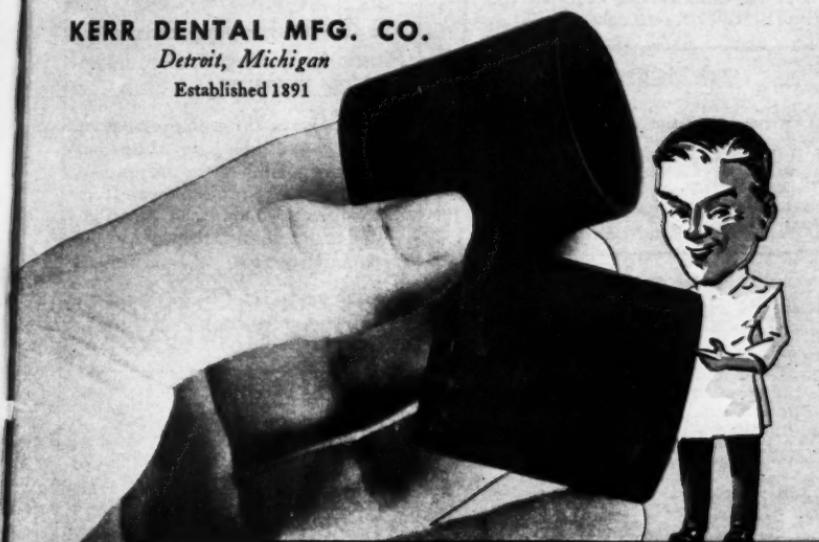
3—Safety! Washes away from casting with brush only. No digging dangerous to delicate margins is ever necessary.

Get precision inlays all the time, and greatly prolong the life of critical-material casting equipment which you may not be able to replace until victory, by using only Kerr Cristobalite investment.

KERR DENTAL MFG. CO.

Detroit, Michigan

Established 1891



KERR *Cristobalite Investment*

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**Preferred by Thousands
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This Handy Dispenser Saves Material — Eliminates Waste.



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A specially tempered stainless steel matrix metal. Strong and smooth in texture. 20 feet long.

Widths: 3/16", 1/4", 5/16", 3/8"

Gauges: 40 (.003"), 44 (.002")

20-ft. roll with dispenser	\$1.25
MATRICODENT refill only90

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Super-sensitive, clear marking, non-drying articulating paper. Tissue lined to prevent smudging fingers.

RED—Waxed Only

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Thin—36 ft. long Thick—25 ft. long

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45 ft. roll of celluloid; strong, smooth texture. Dispenser enables cutting to any size.

Ultra-thin—(.003") 3/8" and 1/2" wide
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Amber color—(.003") 3/8" wide

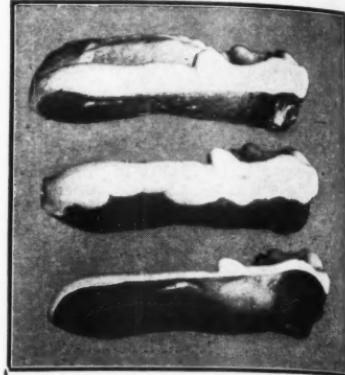
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BETTER IMPRESSIONS

**Proper Resistance, Elasticity,
Plasticity, Setting Action, insure
BETTER RESULTS!**

Picture shows three impressions of the same mouth on bases made from the same model. On the 3rd impression the paste was cut away flush with the base plate to show the ability of the paste to "creep" up to the peripheral border.

**Use the Coupon
ORDER NOW!!**

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Try as they may—patients often discontinue wearing even the most carefully constructed of new artificial dentures until post-operative pain subsides and sore gums heal. Fortunately, you can quickly and inexpensively alleviate such pain and discomfort by employing Butyn-Metaphen Dental Ointment. This product combines the prolonged anesthetic effect of Butyn 4% with the antiseptic action of Metaphen 1:1500, and may be easily applied to the surfaces of the denture coming in contact with the gums. It is neither irritating to the tissues nor unpleasant to the taste. Butyn-Metaphen Dental Ointment is also useful in both prophylaxis and treatment of trauma from extraction, "dry sockets," pyorrhea sockets and as an anodyne dressing following scaling. This agent is now available through all pharmacies in 1-ounce collapsible tubes equipped with special nozzles for office use, and in the new $\frac{1}{4}$ -ounce tubes which the patient may conveniently use at home. ABBOTT LABORATORIES, North Chicago, Illinois.



The coveted Army-Navy "E" has been awarded to Abbott Laboratories for high achievement in the production of vital war supplies.

Butyn-Metaphen Dental Ointment

SPECIFICATIONS, DENSENE WILL NOT Warp, Crease
CERTIFIED TO COMPLY WITH A.D.A.

COMMENDABLY
DECEPTIVE -

Dense

Cosmos Dental Products, Incorporated



DOES NOT CHANGE COLOR DURING THE FULL LIFE OF THE RESTORATION

**In a mouth, you see Densene only
as natural gum tissue. Its "alive"
appearance is so real as to be
commendably deceptive.**

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THE Smithsonian Institute was created by an act of Congress on August 10, 1846 in accordance with the will of James Smithson who had bequeathed to the United States a fund to be devoted to the "increase and diffusion of knowledge among men". One of the first subjects to be studied under the Institute's direction was the phenomena of storms, which led to the establishment of telegraphic weather reports, subsequently the Weather Service.

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Our Baking Soda, which is pure Sodium Bicarbonate, U.S.P., is an effective cleanser for both natural teeth and artificial dentures—acceptable as a tooth cleanser to the Council on Dental Therapeutics. In a 2% solution it is an excellent gargle and mouth wash—removes accumulated mucus and debris from the mouth and throat. In the laboratory our Soda will prevent the black deposit inside the vulcanizer and also protect instruments from tarnish and rust when used in the sterilizer.

It is low in cost, but always reliable. Get to know the many ways in which Arm & Hammer, or Cow Brand, Baking Soda can serve you.

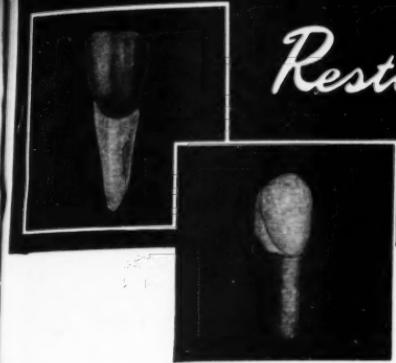
**Business Established
in 1846**

**CHURCH & DWIGHT CO., Inc.
10 Cedar Street New York, N.Y.**

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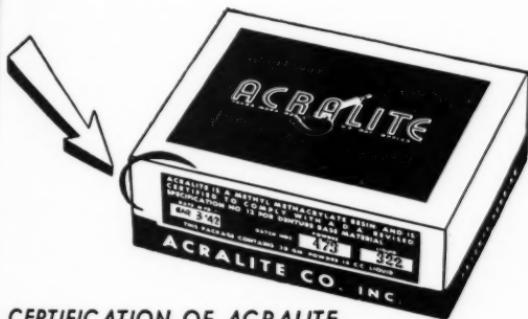
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has won the admiration
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? Why not convince yourself? Order from your Dental Dealer on a Money-Back Guarantee.

? DENTAL PERFECTION CO. ?

? Manufacturers of  Dental Specialties

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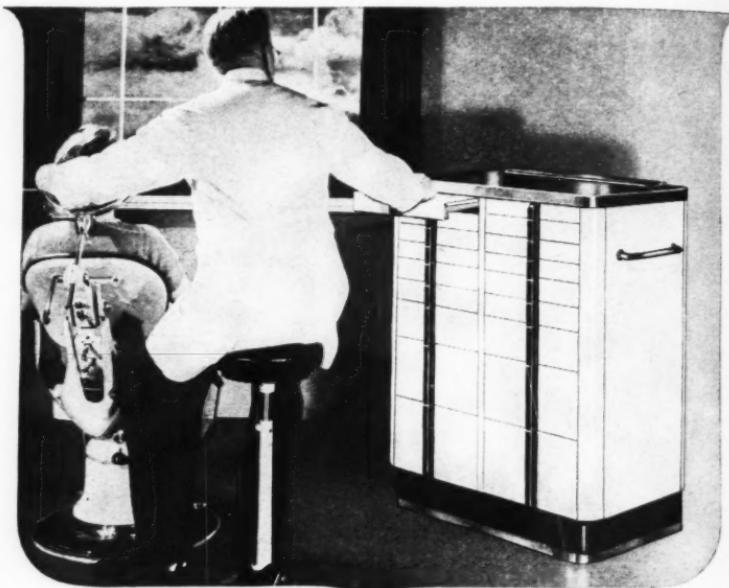
You can assure your patient that the life-like color of Vernonite is enduring. Vernonite research in chemistry was first to produce an acrylic denture base with an inorganic pink pigmentation. Thus, Vernonite gel was the original material to simulate the delicately veined appearance of tissue mottle — the first to duplicate truly the natural color and effect of living tissue. Extensive tests evidence the fact that Vernonite will not change color when exposed to light, moisture or any liquids or substances that can be taken orally. For permanent satisfaction, insist on Vernonite.

VERNONITE is manufactured by Vernon-Benshoff Company under U. S. Patent numbers 1,980,483—2,013,295—2,120,006 from pure methacrylic ingredients formulated by Rohm & Haas Company, exclusively for Vernon-Benshoff Company.

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*Saves Time and Energy
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- PROMOTES GREATER EFFICIENCY—can easily be placed where it is most convenient for each operating position.
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O. H. 12 '42

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Create Individualized Dentures

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VERI-CHROME FIVE PHASE ANTERIORS

With these teeth, you can create for your patients dentures that faithfully reproduce the colorings, carvings, surface variations and other characteristics of human teeth.

In Veri-Chrome Five Phase Anteriors the color, the varied labial surfaces and the three dimensional effects of natural teeth are simulated perfectly.

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Mail this coupon for your copy of "The Fallacy of Tooth and Face Harmony"—an interesting research on tooth classification.

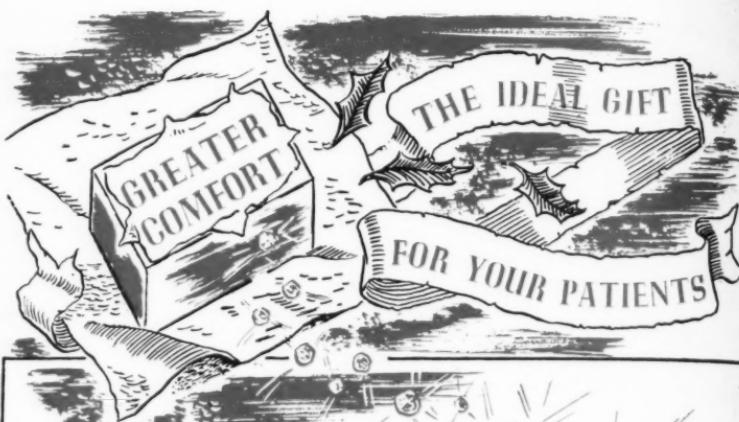
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STARLITE

Diamond Points and Discs

In keeping with the Yuletide Season, here's a suggestion that will be a worth-while gift for your patients . . . one they will be mighty happy to receive on their next visit—**USE STARLITE DIAMOND POINTS AND DISCS.**

The greater cutting speed of Starlite Diamond Points and Discs reduces preparation time, thus eliminating long periods of discomforting grinding.

*Call your dental dealer for information
about Starlite Diamond Points and Discs.*

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*Write for free booklet illustrating the complete
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COPALITE is a highly efficient intermediary varnish and dentinal tubuli seal for use under every type of restoration. Penetrates, fills and seals the tubuli providing perfect protection and insulation.

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